

EXHIBIT 496

Memorandum



Subject

Distributor Briefing with Actavis Elizabeth, LLC
(RK0146806), on September 12, 2012

(DFN:601.04.2)

Date

NOV 05 2012

To

Joseph T. Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control

From

Barbara J. Boockholdt
Barbara J. Boockholdt, Chief
Regulatory Section, ODG
Office of Diversion Control

On September 12, 2012, a meeting was held in Arlington, Virginia at the Drug Enforcement Administration (DEA) Headquarters between DEA and Actavis Elizabeth, LLC (Actavis). Representing Actavis were: Nancy Baran, Director, Customer Service, Jason Chung, DEA Manager, John S. Kaldes, Senior Director Engineering & EHS, Michael R. Clarke, Ethics & Compliance Officer, Americas, and Doug Plassche, Managing Director, NJ Solid Oral Dose (SOD). Representing DEA were: Barbara J. Boockholdt, Chief, Regulatory Section; Staff Coordinator (SC) Leonard Levin, Regulatory Section; Dedra Curteman, Office of Chief Counsel, Jason Hedges, Office of Chief Counsel; Christine Sannerud, Chief, Quota Section; Stacy Harper-Avilla, Chief, Quota Unit; GS Andrew Breiner, and D/I Michael Smilek, both from the Newark Division Office. The purpose of the meeting was to address the manufacturing and distribution practices of controlled substances by Actavis. SC Levin stated he would only concentrate on oxycodone 15mg and 30mg tablets for the purposes of this meeting. Actavis holds the following DEA Registrations: RK0146806 (Manufacturer, NJ), R0146818 (Distributor, NJ), RB0185579 (Manufacturer, NC), RA0231062 (Manufacturer, FL), RA0419552 (Manufacturer, NJ), RA0419540 (Distributor, NJ), and RA0395675 (Manufacturer, NJ).

SC Levin opened the meeting by stating its purpose was both educational and informative. SC Levin stated he would discuss Actavis' responsibilities under the Controlled Substances Act (CSA), their suspicious order monitoring system, their procedures concerning due diligence, knowing their customers, who their customers sell to, and graphs depicting the pharmacies where their products were ultimately dispensed from. SC Levin stated he would be primarily focusing on the distribution of oxycodone 15mg and 30mg tablets by Actavis. SC Levin asked for a representative from Actavis to talk briefly about the firm, their product line, their suspicious order monitoring system and to whom they distribute. Ms. Baran spoke on behalf of Actavis. Ms. Baran stated that Actavis manufactures non-controlled and controlled substances from their locations in New Jersey, North Carolina and Florida. Actavis' corporate offices are located in New Jersey. Ms. Baran stated that as of November 1, 2012, Watson Pharmaceuticals will acquire Actavis and the firm will have a new name. Ms. Baran stated both Actavis and Watson will be applying for new DEA registrations. Watson was not invited to this meeting per Actavis because the acquisition has not yet taken place. Ms. Baran stated Actavis sells some products directly to distributors, but the bulk of their finished products are sent to UPS Supply Chain, which serves as a fulfillment center

for orders placed with Actavis. Ms. Baran stated Actavis remains the owner of the controlled substances while in the possession of UPS Supply Chain. Ms. Baran stated that UPS Supply Chain has their own suspicious order monitoring system. Almost all of Actavis' controlled substances are sent to the UPS Supply Chain location in Louisville, KY. Actavis ships the order to UPS Supply Chain for processing and distribution. Actavis is the owner of the inventory, not UPS Supply Chain. UPS Supply Chain uses their own DEA registration and reports purchases and sales directly to ARCOS. Ms. Baran explained their charge back system. The system enables Actavis to see who their customers are selling their products to and what they are purchasing. Ms. Baran stated that Actavis is just beginning to review their sales through the charge back system. Ms. Baran stated she has visited UPS Supply Chain and been able to review their suspicious monitoring system. UPS Supply Chain has a staff which monitors any suspicious orders of controlled substances. Value Centric is a firm who stores sales data for Actavis which they can review. Recently, Ms. Baran has gone out to visit their large volume customers, such as Cardinal, McKesson and AmerisourceBergen. SC Levin mentioned to Ms. Baran the significance of "Knowing Your Customers". SC Levin stated that the United States (U.S.) consumes more legitimately manufactured controlled drugs than any other country. SC Levin mentioned that 97 percent of hydrocodone that is manufactured is prescribed and dispensed in the United States. SC Levin explained the dramatic increase of prescription drug abuse, which has increased by 400 percent over the past 10 years. SC Levin stated that today more people are abusing prescription medication than are abusing illicit drugs. The abuse of prescription drugs has become a national epidemic.

SC Levin presented a PowerPoint presentation exemplifying the common characteristics and issues associated with the distribution and manufacturing practices by manufacturers and distributors of controlled substances. SC Levin stressed the importance of a manufacturer's due diligence requirements, knowing one's customers, and the detection of suspicious orders. Specifically reviewed were the following:

- Supreme Court Cases and Immediate Suspension Orders
- Closed System of controlled substance distribution
- Establishing the medical necessity for a prescription and/or a distribution to be legal
- The DEA Internet Policy and the Ryan Haight Act
- Policies published by the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB)
- Review of Suspicious Order requirements of Title 21, Code of Federal Regulations
- Knowing one's customer
- Theft and loss reporting
- Recent News Articles regarding actions taken against CVS pharmacies, Cardinal and Walgreens
- System to insure the address, controlled substance schedules and expiration date of customers' DEA registrations prior to shipping them controlled substances
- Recent actions taken by the DEA to suspend or revoke controlled substance registrations of distributors and pharmacies that continue to divert controlled substances into the illicit market

At the conclusion of the PowerPoint Presentation, SC Levin presented graphs documenting the distribution of oxycodone 15mg and 30mg tablets by Actavis Elizabeth, LLC. These distributions were derived from ARCOS reports submitted by Actavis under specific NDC numbers. The graphs revealed a dramatic increase in the sale of oxycodone 15mg and 30mg tablets from 2010 to present with the vast majority being distributed to Florida. The graphs did show a decrease in the amounts of oxycodone distributed in the past six months. SC Levin attributed the decrease to actions taken by DEA in Florida,

the Florida prescription monitoring program, administrative action taken by DEA against registrants and meetings such as this one. Chief Boockholdt explained that the manufacturer that produces oxycodone is just as responsible as the distributor and pharmacy for ensuring that these drugs do not end up in the wrong hands. SC Levin thoroughly discussed the problems associated with pain management clinics in Florida, which has directly attributed to the abuse and the diversion of oxycodone. Chief Boockholdt stated that addicts are coming from around the country to Florida and are specifically seeking oxycodone 15mg and 30mg tablets. Chief Boockholdt stated that in Florida eleven people per day are dying from oxycodone overdoses and seven babies are born each day addicted to opiates. SC Levin discussed the red flags associated with physicians prescribing at pain management clinics and the pharmacies who filled the prescriptions, such as, controlled versus non-controlled drugs, trends in purchasing, types of drugs purchased, quantity of drugs purchased, hours of operation, mainly cash customers, etc. Chief Boockholdt stated that ARCOS data revealed the [REDACTED] was distributing very large quantities of Actavis oxycodone 15mg and 30mg to numerous pharmacies in Florida. Some of the pharmacies had purchased well in excess of a million dosage units per year. This is an obvious concern to DEA and must be addressed by Actavis.

The graphs were broken down by year and included 2010, 2011, and the first six months of 2012. The graphs revealed that Actavis' oxycodone 15mg. and 30mg tablets are distributed throughout the country, but more is distributed in Florida than almost all of the other states combined. The problem is especially bad in South Florida, specifically Miami Dade, Broward and Palm Beach Counties. Chief Boockholdt stated that Florida's prescription drug laws have traditionally been very lax and because of that and the influx of pain management clinics oxycodone sales went out of control. Chief Boockholdt mentioned that because of the amount of oxycodone prescriptions being written, Florida, specifically South Florida has more pending pharmacy applications than all other states combined. Statistics are now showing this problem is spreading north into Georgia, Tennessee, Kentucky, Ohio and West Virginia. SC Levin stated one of the purposes of this meeting is to bring the wholesaler or manufacturer on board to be part of the solution, rather than contribute to the problem.

SC Levin showed graphs of oxycodone shipped by UPS Supply Chain to the distributors and to the distributors' customers. SC Levin advised Ms. Baran that Actavis should send someone from their compliance team to visit pharmacies who were receiving their products in south Florida, in order for them to witness the long lines at pain clinics, out of state license plates, questionable clients, security guard(s) in the parking lots, and signs stating cash payment only. SC Levin and Chief Boockholdt stressed to Ms. Baran and the other Actavis representatives to get to know their customers, visit distribution sites, visit customers of those distributors, check on customers' suspicious order monitoring systems, review due diligence files, and obtain printouts of pharmacies or practitioners who are receiving Actavis products.

Ms. Baran stated Actavis has only recently begun looking at the pharmacies that purchase their products and wants to be involved in working to resolve this problem. SC Levin stated that if their customers refused to provide them with sales information Actavis should consider cutting them off. Chief Boockholdt suggested Actavis determine the percentage of their products being shipped into Florida. SC Levin inquired about the two NDC numbers for both oxycodone 15mg and 30mg tablets in 2011. Ms. Baran stated that two of Actavis NDC numbers was terminated in 2011 and replaced by the two new ones. SC Levin again mentioned the [REDACTED]. Ms. Baran stated that [REDACTED] distribution centers purchase oxycodone from Actavis. SC Levin suggested representatives of Actavis travel to some of the distribution sites, especially the one in [REDACTED], to review their suspicious order monitoring systems. A review of [REDACTED] pharmacies purchases of Actavis products is important. The charts shown at this briefing revealed that some [REDACTED]

pharmacies were purchasing in excess of 20 times the national average of oxycodone. SC Levin pointed out that [REDACTED] in Delaware are owned by [REDACTED] and dispense large quantities of oxycodone. Chief Boockholdt mentioned that any manufacturer's quota request is based on anticipated need and the fact that the majority of prescriptions dispensed in Florida were not legitimate show that Actavis' quota may be too high. SC Levin asked the representatives from Actavis to take serious look at their quota request, review their suspicious order monitoring system, visit their customers to review their suspicious order monitoring systems as well as their due diligence files, ask to see their customers' top customers for Actavis products, and contact their local DEA Office with any questions or issues. Ms. Baran stated that their sales force has been informed to keep management abreast of what is going on in the field. SC Levin mentioned that sales people are generally on commission and may not be objective when it comes to their accounts purchasing suspicious or unusual orders of controlled substances.

Ms. Baran said that Actavis will do whatever it takes to remain in compliance with the CSA. Ms. Baran stated she will take this information back to Actavis corporate headquarters and begin thoroughly reviewing charge back information, as well as the other data bases. Ms. Baran stated Actavis Compliance personnel plan to visit more of Actavis' customers to review their due diligence records and suspicious order monitoring systems. Ms. Baran stated Actavis wants to ensure to the best of its ability that their products are being properly monitored by Actavis and their customers.

SC Levin explained that the purpose of this meeting was to inform, educate, provide pertinent ARCOS data, discuss national trends, and discuss the pain management epidemic in Florida involving oxycodone. DEA is seeking to partner with drug distributors and manufacturers in resolving this problem. SC Levin did state that if Actavis or any firm who had been briefed was found to have violated the CSA pertaining to what was discussed during the course of this meeting DEA could seek administrative or civil action to remedy the situation. Chief Boockholdt advised the representatives from Actavis that all employees who have access to controlled substances at Actavis should receive training similar to that provided at this meeting today.

SC Levin asked if there were any questions. There were none. The meeting between the Drug Enforcement Administration and Actavis Elizabeth, LLC was concluded.

Attachments:

1. PowerPoint presentation
2. Graphs of Actavis Elizabeth, LLC ARCOS sales/purchases

cc: GS Andrew Breiner, Newark Division Office

This presentation does not cover the totality of your obligations nor is it a substitute for your obligations as a DEA registrant under The Controlled Substances Act and its Regulations.

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The information presented should not be considered new information. The substance of this presentation has been previously available and communicated through The Controlled Substances Act, its Regulations, Federal Register Notices, DEA and sponsored conferences, correspondence from the DEA, releases from the popular press, in addition to the Registrant's own sales data.

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Closed System

- ☐ The comprehensive Drug Abuse Prevention and Control Act of 1970, as amended in 1990 and 1994 created a system for the legitimate manufacturing, distribution, and prescribing/dispensing of controlled substances.
- ☐ Each registrant within this “closed system of distribution” has defined privileges and responsibilities in which they must operate.

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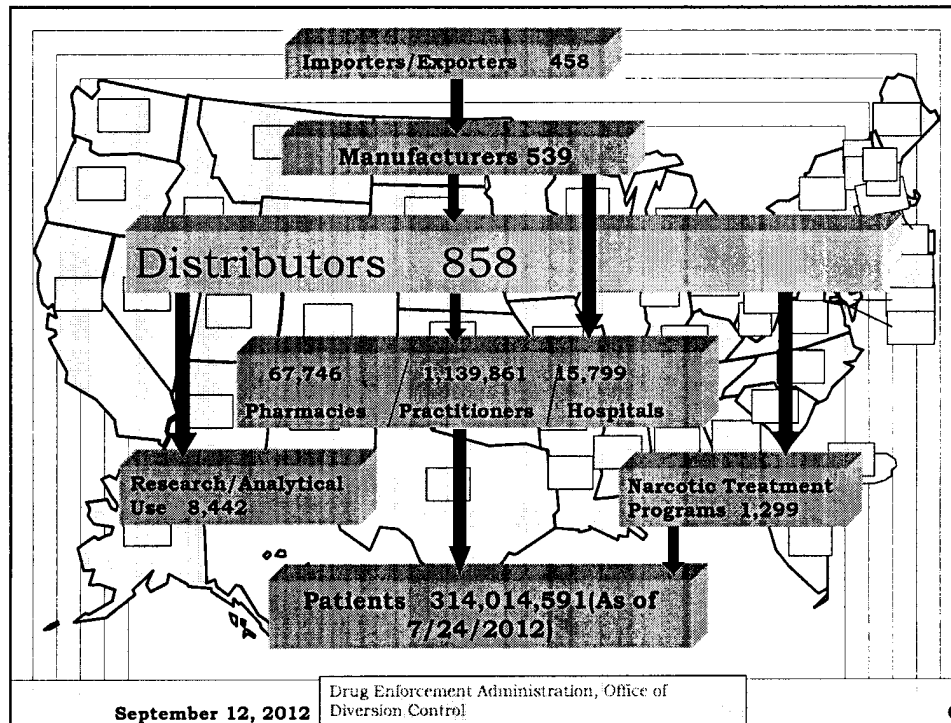
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Closed System

- ☐ When a registrant fails to adhere to their responsibilities, those violations represent a danger to the public and jeopardize the “closed system of distribution”.
- ☐ DEA is responsible for the oversight and integrity of the system and to protect the public.

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Supreme Court Cases

- ❑ **Direct Sales Co, Inc. v. United States (1943)**
 - Mail order sales to doctor
 - Most sales were morphine
 - Increase in quantities purchased
 - Business practices attracted customers who were violating the law
 - Drugs have inherent susceptibility to harmful and illegal use

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Supreme Court Cases

☐ **United States v. Moore (1975)**

- Usual course of professional practice
 - ☐ Patient with a Medical Complaint
 - ☐ History
 - ☐ Physical Examination
 - ☐ Nexus Between
Complaint/History/Exam and
Drug Prescribed

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RESPONSIBILITIES

Distributor Responsibilities

- 21 USC, Section 823
 - ☐ Is the registration in the public interest?

Maintenance of Effective Controls

- Against diversion of particular controlled substances into other than legitimate medical channels

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Responsibilities

Pharmacy Responsibilities:

- ☐ 21 USC, 823
 - Compliance with applicable State, Federal, or local laws relating to controlled substances,
 - Such other conduct which may threaten the public health and safety

- ☐ 21 CFR, 1306.04(a):
 - A corresponding responsibility rests with the pharmacist who fills the prescription

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Responsibilities

Practitioner Responsibilities:

- ☐ 21 USC 823
 - Compliance with applicable State, Federal, or local laws related to controlled substances
 - Such other conduct which may threaten the public health and safety

- ☐ 21 CFR 1306.04(a)
 - A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice

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Ryan Haight Act

- ☐ MUST be approved prior to any online dispensing. ONLY a previously registered pharmacy who DEA approved with a modification of registration may be an online pharmacy
- ☐ A DEA registered pharmacy that is approved to conduct online dispensing MUST notify DEA and the state boards of pharmacy in all states in which they conduct business 30 days prior to offering a controlled substance to sell, deliver, distribute, or dispense

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Ryan Haight Act

- ☐ An online pharmacy MUST comply with all state laws from which and to which they deliver, or dispense, or offer to deliver or dispense controlled substances by means of the Internet
- ☐ A VALID prescription for a controlled substance by means of the Internet MUST be for legitimate medical purpose and have at least one in-person medical examination by a practitioner authorized by DEA and respective State authorities to prescribe controlled substances in that controlled substance schedule

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Pain & Other Specialties

- ☐ Pain Management
Organizations have established guidelines which suggest treatment is not exclusive to the administering of controlled substances only
- ☐ There must be a balance between pain and addiction

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Pain & Other Specialties

Recognized Modalities for the Treatment of Pain:

- ☐ Pharmacotherapy
- ☐ Psychosocial Interventions
- ☐ Rehabilitation Techniques
- ☐ Complementary & Alternative Medicine
- ☐ Implantable Devices & Surgical Interventions

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Pain & Other Specialties

- ☐ Three Pain Management Associations recommend “Opioid Guidelines”
- ☐ Guidelines provide recommended procedures and best practices for a practitioner to implement
- ☐ Not an endorsement by the DEA. A guide for you to assess your customers.

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Suspicious Orders

21 CFR 1301.74

- ☐ Requires that registrants design and operate a system to identify suspicious orders
- ☐ Report suspicious orders to DEA **when discovered**

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Suspicious Orders

Reporting of a suspicious order to DEA does NOT relieve the distributor of the responsibility to maintain effective controls against diversion

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Suspicious Orders

- ☐ DEA cannot advise a distributor if an order is legitimate or not.
- ☐ Distributor must determine which orders are suspicious and make their OWN decision to sell or not to sell

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DUE DILIGENCE

“KNOW YOUR CUSTOMER”

Prior to filling an order the distributor should review the following:

- ☐ Unusual frequency of order(s),*
- ☐ Unusual size of order(s),*
- ☐ Deviating substantially from a normal pattern *

* Mandated by 21 CFR, 1301.74(b)

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DUE DILIGENCE

- ☐ Range of Products Being Purchased,
- ☐ Methods of Payment (cash, insurance, Medicaid),
- ☐ Location and hours of operation,
- ☐ % Controlled vs. % Non-Controlled,
- ☐ Customer pick up at distributorship

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DUE DILIGENCE



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Notifications

- ☐ Theft and Loss – Report immediately via on-line.
- ☐ Contact your local field office.
- ☐ ODGR – Regulatory Unit – (202) 307-7161
- ☐ **ODG@USDOJ.GOV** – Notification of termination of customers for cause. (No explanation required.)

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Actions Taken by DEA

Southwood Pharmaceuticals, Inc.

- 72 FR 36,487 (2007)
 - Revocation of Registration
 - Immediate Suspension Order
 - Failure to maintain effective controls against diversion
 - Supplied millions of dosage units of controlled substances to Internet pharmacies
 - Failure to exercise due diligence (21 USC 823)

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Actions Taken by DEA

Ladapo O. Shyngle, M.D.

- 72 FR 6056 (2009)
 - Revocation of Application to renew registration
 - Dr. Shyngle prescribed C/S's via an Internet questionnaire and telephone interviews.
 - Prescribed over 500,000 d.u. to patients in 41 states.
 - Issued prescriptions primarily for hydrocodone.

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Actions Taken by DEA

Dale L. Taylor, M.D.

□ 72 FR E7-10622 (2007)

- Revocation of registration.
- Authorized prescriptions via the Internet, based solely on on-line questionnaire and telephone conversations.
- Authorized 6,069 prescriptions to 1,098 patients in 46 different states.
- 5,156 prescriptions were for hydrocodone and 526 were for alprazolam.

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Actions Taken by DEA

United Prescription Services

□ 72 FR 50397 (2007)

- Immediate Suspension Order and revocation of registration.
- United Prescription Services operated several Internet sites.
- Between Oct 2005 – Jan 2006, distributed 1,808,693 d.u. More than 1,275,000 were written by one practitioner.
- Mostly written for hydrocodone and alprazolam.

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Actions Taken by DEA

Patrick W. Stodola, M.D.

- 74 FR 20727 (2009)
 - Revocation of Registration.
 - Authorized prescriptions based upon an on-line questionnaire and telephone conversations.
 - Prescriptions were for hydrocodone.
 - Prescriptions were in violation of state laws where the patients were having them filled.

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Actions Taken by DEA

Bob's Pharmacy & Diabetic Supplies

- 74 FR 19599 (2009)
 - Immediate Suspension Order and Revocation of Registration.
 - Between Apr – Dec 2007, ordered 2.3 million dosage units of hydrocodone products.
 - Prescriptions were approved via an on-line questionnaire.

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SUMMARY

- ☐ Prescriptions not written in the usual course of professional practice are not valid.
- ☐ Drugs dispensed pursuant to invalid prescriptions are not for legitimate medical purpose, the drugs are being diverted.
- ☐ Not limited to Internet pharmacies.

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SUMMARY

- ☐ A pattern of drugs being distributed to pharmacies who are diverting controlled substances demonstrates the lack of effective controls against diversion by the distributor
- ☐ The DEA registration of the distributor could be revoked under public interest grounds

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SUMMARY

- ☐ Any Distributor who is selling controlled substances that are being dispensed outside the course of professional practice must stop immediately
- ☐ DEA cannot guarantee that past failure to maintain effective controls against diversion will not result in action against a distributor

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SUMMARY

- ☐ DEA will:
 - Meet with other distributors
 - Provide this information to your employees at your request
 - Meet with Industry groups or associations to discuss issue as requested

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SUMMARY

www.deadiversion.usdoj.gov

- Current Revocation Actions
- Policy Changes
- Validation of Registration
- Links to web sites with useful information (AMA, Pain Management, Pharmacy, etc.)
- Other

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NEW DATA REVEAL 400% INCREASE IN SUBSTANCE ABUSE TREATMENT ADMISSIONS FOR PEOPLE ABUSING PRESCRIPTION DRUGS
White House Bulletin

WASHINGTON - Today, Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), and Thomas McLellan, Deputy Director of ONDCP, joined Peter Delany, Director of Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Applied Studies, and Michele M. Leonhart, Acting Administrator of the Drug Enforcement Administration (DEA), to release a new study showing a 400 percent increase in substance abuse treatment admissions for prescription pain relievers. Governor Jack Markell of Delaware and Chris Kennedy Lawford were also in attendance.

The study, Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers 1998-2008, conducted by the SAMHSA, and based on the agency's Treatment Episode Data Set (TEDS) reveals a 400 percent increase between 1998 and 2008 of substance abuse treatment admissions for those aged 12 and over reporting abuse of prescription pain relievers. The increase in the percentage of admissions abusing pain relievers spans every age, gender, race, ethnicity, education, employment level, and region. The study also shows a more than tripling of pain reliever abuse among patients who needed treatment for opioid dependence.

"The TEDS data released today highlights how serious a threat to public health we face from the abuse of prescription drugs", said Gil Kerlikowske, National Drug Policy Director. "The spikes in prescription drug abuse rates captured by this study are dramatic, pervasive, and deeply disturbing."

"The non-medical use of prescription pain relievers is now the second-most prevalent form of illicit drug use in the Nation, and its tragic consequences are seen in substance abuse treatment centers and hospital emergency departments throughout our Nation," said SAMHSA Administrator Pamela S. Hyde, J.D. "This public health threat demands that we follow the President's National Drug Control Strategy's call for an all-out effort to raise awareness of this risk and the critical importance of properly using, storing, and disposing of these powerful drugs."

"The data released today is alarming and shows the tremendous damage being caused by prescription drug abuse all across this country each and every day," said DEA Acting Administrator Michele M. Leonhart. "The effective enforcement of laws regulating the distribution of controlled substances, coupled with their lawful disposal are essential parts of a comprehensive strategy to reduce drug abuse. DEA is committed to being part of the solution, however it will take all of us working together to prevent the tragedies that inevitably come with drug abuse."

"This rise in prescription drug abuse is no surprise to the doctors and law enforcement professionals who see its effects in our communities," said Governor Markell. "We have been focused on making sure that health care professionals have the best tools

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available to detect and prevent this kind of abuse before it ruins lives, Delaware's new legislation to authorize a prescription monitoring program is one of those tools and an important component of the President's National Drug Control Strategy."

"Our national prescription drug abuse problem cannot be ignored. I have worked in the treatment field for the last 35 years, and recent trends regarding the extent of prescription drug abuse are startling," said A. Thomas McLellan, Deputy Director of ONDCP. "We must work with prescribers, the pharmaceutical industry, law enforcement, and families to help us fight this scourge."

The National Drug Control Strategy, released in May, outlines several steps to address what Director Kerlikowske calls "the fastest-growing drug problem in the United States"—prescription drug abuse.

They include

- * Increasing prescription drug return, take-back, and disposal programs. Prescription drugs that are commonly abused are often found in the family medicine cabinet, and individuals should get rid of unused or expired prescription drugs to prevent diversion and abuse.
- * Educating physicians about opiate painkiller prescribing. The Administration's FY 2011 Budget request proposes funding for a program to train prescribers on how to instruct patients in the use and proper disposal of painkillers, to observe signs of dependence, and to use prescription drug monitoring programs to detect when an individual is going from doctor to doctor in search of prescriptions (also called "doctor shopping").
- * Expanding prescription drug monitoring programs. Currently, these programs are operating in 34 states. The Administration supports establishment of these programs in every state, and is seeking to ensure new and existing monitoring programs effectively use the data they acquire and share information across state lines.
- * Assisting states in addressing doctor shopping and pill mills. Criminal organizations have established thriving businesses of transporting people to states with little regulation to obtain prescription drugs from multiple doctors or from pill mills, which distribute drugs indiscriminately. Federal, state, local, and tribal authorities are working together to address this problem.
- * Driving illegal Internet pharmacies out of business.
- * Cracking down on rogue pain clinics that do not follow appropriate prescription practices.

The National Drug Control Strategy provides a blueprint for reducing prescription drug abuse. Parents, law enforcement, the medical community, and all levels of government have a role to play in reducing prescription drug abuse.

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Later today, Director Kerlikowske will travel to Delaware to attend Governor Markell's bill signing for the Delaware Prescription Drug Monitoring Program.

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U.S. can stop some drug sales at 2 CVS stores: judge

Tue Mar 15 2012

WASHINGTON (Reuters) - The U.S. Drug Enforcement Administration can stop two CVS Caremark Corp. pharmacies from selling potentially addictive drugs in a case involving stores that have shipped drugs about a federal judge ruled on Tuesday.

U.S. District Judge Reggie Walton vacated a temporary restraining order that had blocked the Drug Enforcement Administration (DEA) from acting against the two Florida stores suspected of selling doses of the painkiller oxycodone outside legitimate channels. Walton stayed his ruling until 10 a.m. (1500 GMT) on Wednesday to give CVS Caremark attorneys time to appeal, but the company appeared later on Tuesday. Further delays were not immediately expected.

CVS Caremark had asked the judge to impose a preliminary injunction that could have blocked the DEA from taking action until an administrative law judge decides the matter later this year. Walton said he could find no reason to believe the CVS argument that DEA had acted in an "arbitrary and capricious" manner in ordering sales suspended or that extended steps taken by CVS were sufficient.

"We are disappointed with today's ruling," CVS said in a statement. "Regardless of today's outcome, we remain committed to working with the DEA to do everything we can to reduce prescription drug abuse." The litigation stems from the DEA's battle against prescription drug abuse, which has surged in the United States to epidemic levels of most pain drugs, including heroin and cocaine.

The DEA said in court documents filed about 7 million Americans abuse pharmaceuticals made with controlled substances for purposes not related to medicine and that Florida is a hot center of the growing epidemic.

The federal agency cited state statistics showing a 346 percent increase in overdose deaths related to oxycodone from 2006 to 2011, and an average 11 deaths per day from oxycodone, methadone, hydrocodone, buprenorphine or morphine.

In a case related to the CVS ruling, Walton said Monday the DEA to suspend Cardinal Health Inc.'s license to distribute controlled substances from a Florida facility that serves about 2,700 drug stores or hospitals.

The ruling was later blocked temporarily by a U.S. appeals court. Walton said he expected the appeals court to take the same action on CVS.

The CVS stores are two of four Cardinal customers that DEA has said were a major source of oxycodone prescriptions. A CVS attorney said the company had shipped oxycodone sales at the two pharmacies, but a Justice Department attorney said suspending sales had involved other controlled substances.

The DEA charged that between January 2009 and December 2011 the two CVS stores purchased thousands of oxycodone for in excess of normal pharmacy volumes, ignored DEA warnings and addressed the issue only after the DEA acted.

A CVS attorney told the court that the volumes were not out of line for high-volume pharmacies that maintain 24-hour services and argued that federal steps taken by a CVS had eliminated any immediate danger to the community by the time the DEA ordered sales suspended in February.

The case is *Holaday CVS LLC v. Justice Department*, No. 12-60191.

(Reporting by David Mitchell; Editing by Gary Holt)

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DEA: Oxycodone orders by pharmacies 20 times average

USA Today.com

Two Florida CVS pharmacies ordered more than 3 million oxycodone pills in 2011, more than 20 times higher than the national average, DEA agents said Monday.

As part of a crackdown on rampant painkiller abuse in Florida, the Drug Enforcement Administration charged a major health care company and the two CVS pharmacies in Sanford, Fla., with violating their licenses to sell the powerful pain pills and other drugs.

"It's a tremendous amount, way beyond what would be for legitimate use," said Mark Tronville, DEA special agent in charge of the Miami Field Division. "We're not taking about a gray area here."

The average pharmacy in the United States ordered about 60,000 oxycodone pills in 2011, the DEA said. The two CVS pharmacies, located less than 6 miles apart, ordered 3 million.

It is the first time the DEA has suspended the license of a chain pharmacy in Florida for its alleged role in the state's prescription drug abuse problem, Tronville said. The DEA had previously targeted pain clinics known as "pill mills" where bogus doctors prescribe thousands of pain pills with only cursory examinations.

"This is absolutely not the end of this investigation," Tronville said. "We know when we rat the pill mills, that pharmacies would be the next target. We just didn't know when pharmacies would get into it."

CVS said it took steps with DEA's knowledge to stop filling prescriptions from doctors thought to be prescribing improperly.

"We informed a small number of Florida physicians that CVS pharmacy will no longer fill the prescriptions they write for Schedule II narcotics," spokeswoman Carolyn Cassel said in a written statement. "Distributions of oxycodone to the two Florida stores have decreased by approximately 60% in the last three months compared to the prior three months — we believe in large part due to our action."

On Friday, the DEA on suspended Cardinal Health's controlled substances license at its Lakeland, Fla., distribution center after linking it to high-volume orders of pain pills to four Florida pharmacies, including the two in Sanford. The distribution center services 2,000 pharmacies in Florida, Georgia and South Carolina.

A federal judge temporarily halted the suspension after Cardinal said it would stop supplying the drugs to the four pharmacies. A hearing on the suspension order was set for Feb. 13 in Washington, D.C.

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Cardinal CEO George Barrett called the DEA action a "classic overreaction" and said the company has "extensive processes" to prevent diversion of its pharmaceuticals for legitimate use. Cardinal's internal controls have flagged more than 160 pharmacies in Florida and 350 pharmacies nationwide for "suspicious order patterns," he said.

"The needs of pharmacies are varied, and higher volumes can be appropriate based on a number of factors, including pharmacy size, hours of operation, patient demographics and proximity to hospital and surgery centers, nursing homes, cancer clinics and hospice providers," Cardinal said in a statement.

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DEA moves against two Florida pharmacies, distributor over pill sales CNN.com

(CNN) — Agents from the Drug Enforcement Administration raided two CVS pharmacies in central Florida over the weekend, removing controlled substances and suspending the stores' ability to handle or distribute drugs such as painkillers oxycodone and hydrocodone.

The DEA said that during one year, the two pharmacies — both in Sanford, Florida — ordered more than 3 million oxycodone units from a pharmaceutical wholesaler, which is a typical pharmacy order is 60,000.

"Each registrant (pharmacy) was filing prescriptions far in excess of legitimate needs of its customers," said DEA Special Agent in Charge Mark Trouville during a press conference Monday in central Florida.

The DEA also has suspended the controlled substance license of the wholesale distributor, Cardinal Health of Lakeland, Florida, according to Trouville.

"Cardinal Health did not fulfill its due diligence to insure controlled substances were not diverted into other than legitimate channels," Trouville said.

On Friday, Cardinal Health filed and received an emergency injunction from a federal judge in Washington allowing the drug supplier to continue filling orders for other pharmacies.

"We believe the DEA is wrong," said Cardinal Health Chairman and CEO George Barrett in a written statement.

"We strongly disagree with the allegations the DEA has made against our facility and intend to vigorously challenge this action," said Barrett.

The two Sanford pharmacies remain open filing regular prescriptions but they cannot fill prescriptions for controlled substances such as oxycodone, one form of which is the well-known narcotic OxyContin.

CVS said in a written statement that the company is disappointed by the DEA actions but is fully cooperating with the DEA suspension.

"CVS pharmacy is unwavering in its compliance with and support of the measures taken by federal and state law enforcement officials to prevent drug abuse and keep controlled substances out of the wrong hands," said CVS spokesman Mike DeAngelo.

Hearings on the suspensions will be held but no date has been set.

Trouville said that since the state of Florida moved to crack down on "pill mills" by barring doctors from directly distributing controlled narcotics, pharmacy sales of controlled substances have skyrocketed.

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DEA agents raid CVS pharmacies

By AMBER S. HERNANDEZ
Staff Writer

Federal drug authorities raided two CVS stores in Sarasota County on Tuesday, seizing boxes of medications and other materials from the pharmacies.

CVS spokeswoman Michael DeAngelis said the raid was related to action a day earlier by the Drug Enforcement Agency against Cardinal Health, which has a close relationship with the pharmacies.

The DEA tried to acquire the license of Cardinal Health to help the company from shipping drugs such as oxycodone and hydrocodone from the 1-800-4-A-Pharmacy service. But a judge blocked DEA's order. In a recent release, Cardinal Health, a health care pharmaceutical company, said it distributed drugs to more than 2,500 pharmacies in the Southwest, including four pharmacies listed in the DEA's order, that are accused of filling prescriptions for purposes other than for legitimate medical reasons.

Agents on Tuesday first raided the CVS pharmacy at 11000 University Blvd. in Sarasota, and then returned hours later to raid the CVS pharmacy at 1100 W. First St. in Sarasota.

Agents at the CVS pharmacy seized boxes of medications, as well as other materials, including boxes of oxycodone and hydrocodone. They also seized boxes of oxycodone and hydrocodone. They also seized boxes of oxycodone and hydrocodone.

"We are disappointed that the DEA has taken administrative action to prohibit any further distribution of these drugs from this pharmacy," DeAngelis said. "We believe the DEA's action is a result of a misunderstanding of the facts and the law."

The federal court order requires action by the DEA against any person who is distributing, dispensing, or otherwise providing controlled substances for the purpose of selling, giving, or otherwise providing controlled substances.

Cardinal Health said it has cooperated with the agency and has stopped shipping to stores that list Florida pharmacies in their point-of-sale files.

"We believe the DEA is wrong," Cardinal Health said. "We believe the DEA is wrong. We believe the DEA is wrong. We believe the DEA is wrong."

CVS also defended its record, describing its participation in the federal enforcement action as "unprecedented." In order to ensure that the drugs were not being distributed to anyone other than the medical community, the company said it had implemented a number of measures.



CVS pharmacies in Sarasota County, Fla., were raided by DEA agents Tuesday. A DEA agent is seen in the foreground, and a CVS pharmacy is in the background.

CVS said it had implemented a number of measures to ensure that the drugs were not being distributed to anyone other than the medical community. The company said it had implemented a number of measures to ensure that the drugs were not being distributed to anyone other than the medical community.

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2A MONDAY, FEBRUARY 6, 2012 USA TODAY

DEA charges 2 Fla. pharmacies in pill mill probe

Drug wholesaler also under investigation

By Danna L. Lippert
USA TODAY

Federal authorities have expanded their crackdown on pill mills, charging a major health care company and two CVS pharmacies in Florida with violating their license to sell powerful pain pills and other drugs.

The Drug Enforcement Administration issued Cardinal Health an unusually high shipment of the controlled drugs in four pharmacies.

On Tuesday, the DEA requested Cardinal Health's immediate suspension of its controlled substances license at its Lakeland, Fla., distribution center, which services 2,500 pharmacies in Florida, Georgia and South Carolina.

A federal judge immediately halted the suspension.

With the same day after Cardinal, a \$1.3 billion company, said it would stop shipping the drugs to the four pharmacies. A hearing on the suspension order was set for Feb. 13 in Washington, D.C.

"We believe the DEA is wrong," Cardinal Health said. "We believe the DEA is wrong. We believe the DEA is wrong. We believe the DEA is wrong."

The article states that the DEA is charging two Florida pharmacies with violating their license to sell powerful pain pills and other drugs.

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Cardinal Health settles drug distribution case
USA Today
 May 16, 2012

The DEA suspended Cardinal Health, the country's second largest drug distributor, from selling and shipping powerful painkillers and other drugs from its Lakeland, Fla., facility for two years as part of a settlement reached Tuesday.

The Drug Enforcement Administration sought to revoke Cardinal's license in February, accusing the company of selling excessive amounts — more than 12 million oxycodone pain pills — to four Florida pharmacies over three years. The DEA said the company did not report suspicious orders or visit the chain pharmacies that purchased large amounts of the drugs.

The DEA also suspended controlled substances licenses for two CVS pharmacies in Sanford, Fla., which purchased millions of oxycodone pills from Cardinal. A judge is expected to rule on the CVS case this month.

"Cardinal Health is not above the law," said Joe Raimonico, DEA deputy assistant administrator. "With this agreement, it admits that it neglected its vital responsibility to prevent the diversion of controlled substance medications."

While the agreement resolves the licensing issue, the DEA said it may pursue civil penalties, including fines, against the company. The Dublin, Ohio-based company had revenue of more than \$100 billion in 2011.

This is the second time the DEA has taken action against Cardinal. In 2006, Cardinal paid a \$34 million fine after the DEA accused it of shipping excessive amounts of hydrocodone, another powerful painkiller, to Internet pharmacies. As part of that settlement, the DEA suspended licenses at three distribution facilities for a year.

Cardinal admitted Tuesday it had "inadequate" control over some of its controlled drugs and had not fully complied with the 2006 agreement.

"This agreement allows us to put this matter behind us, and just as important, will clear the way for a more productive dialogue about how we and others in the health care and regulatory community can work together to prevent the abuse and misuse of prescription drugs," Cardinal CEO George Barrett said.

The five-year agreement applies to all 28 of Cardinal's distribution facilities and requires the company to review orders for the controlled drugs, visit pharmacies to look for signs of diversion and hire extra field inspectors for Florida pharmacies.

The Lakeland facility can still distribute non-controlled drugs and medical supplies.

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Cardinal Plant Can't Stop Pain Pills

Wall Street Journal

A U.S. appeals court ruled Friday that a Cardinal Health Inc. distribution hub in Florida can't ship prescription painkillers while the company battles a Drug Enforcement Administration move to suspend that facility's license.

While the appeals court recently issued a stay of the DEA's enforcement efforts against Cardinal's Lakeland, Fla., facility, the court Friday said Cardinal must meet the "stringent requirements for an injunction." The decision means the Lakeland facility can't ship controlled substances until the appeal is worked out.

Cardinal, based in Dublin, Ohio, said it activated contingency plans earlier this month "and will continue to endeavor to meet our customers' needs with minimal disruption from our other distribution centers."

The contingency plans involve shipping controlled drugs to customers in the Southeast U.S. from alternative facilities in Mississippi or North Carolina. Analysts have said the move could add transportation costs to Cardinal and delay deliveries.

The suspension of the DEA license means the Lakeland facility is blocked from shipping controlled medications like the pain drug oxycodone to thousands of pharmacies, hospitals and other health care providers. Cardinal, the nation's No. 2 drug distributor by sales after McKesson Corp., can still ship noncontrolled medications, which include most prescription drugs, and supplies such as surgical packs.

The DEA also suspended last month the controlled-substance licenses of four Florida pharmacies, including two owned and operated by CVS Caremark Corp. CVS was a temporary, alternative site on Wednesday to keep dispensing controlled medications after an appeals court denied the pharmacy chain's request for a preliminary injunction.

The DEA took action against the Lakeland facility last month while accusing Cardinal of not doing enough to stop oxycodone abuse. Cardinal has said that it supports the DEA's efforts but also disagreed that it wasn't doing enough.

A U.S. District Court judge ruled in late February that the government acted properly in trying to cut off shipments of oxycodone from the Lakeland site. Cardinal appealed that ruling in the U.S. Court of Appeals for the District of Columbia Circuit.

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DEA searches Fla. Walgreens in painkiller probe

CURT ANDERSON, AP Legal Affairs Writer
Updated 3:01 p.m., Friday, April 6, 2012

MIAMI (AP) — Federal drug agents have searched six Walgreens pharmacies and a company distribution center in Florida as part of an investigation into prescription painkiller drug abuse, U.S. Drug Enforcement Administration officials said Friday.

The distribution center in Jupiter and the six pharmacies — two in Fort Pierce and one each in Hudson, Port Richey, Fort Myers and Oviedo — all showed signs of suspiciously high distribution of the highly addictive drug oxycodone, a DEA investigator wrote in an affidavit for the search warrants.

Such large amounts, investigator Marjorie Milan wrote, indicates "a pharmacy that fills prescriptions issued by physicians at pain clinics and/or a pharmacy which services primarily drug-seeking individuals who abuse the medication."

The searches for pharmacy records conducted Wednesday are the latest in a crackdown by federal and state authorities on "pill mills" and other illegal sources of prescription drugs in Florida, which has become the nation's leading source of oxycodone and similar drugs. The DEA says that prescription drug abuse now exceeds abuse of all illegal drugs combined, except marijuana.

Michael Polzin, a spokesman for Deerfield, Ill.-based Walgreens, said it is cooperating in the investigation.

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Earlier this year, the DEA moved to suspend the sale of similar controlled substances at two CVS pharmacies in the Orlando area, and the shipment of them from Cardinal Health Inc.'s Lakeland, Fla.-based center that supplied the stores. A federal appeals court recently upheld those suspensions.

DEA records cited in the Walgreens affidavit show sharp increases in oxycodone purchases at each of the locations. For example, the pharmacy in Fort Myers went from selling 95,800 units of oxycodone in 2009 to more than 2.1 million units in 2011 — good for 67 percent of all the oxycodone purchased by pharmacies in that same zip code in 2011.

In the first two months of this year, the DEA added, 53 Walgreens pharmacies are listed in the agency's top 100 purchasers of oxycodone. In 2009, none were on the list.

Earlier this year, the DEA released figures showing that Florida may be losing its distinction as the nation's leading illicit source for painkillers because of the ongoing law enforcement crackdown and several new laws. Florida also last year began operating a prescription drug tracking system and database aimed at combating illegal diversion of the drugs.

About 85 people, including at least 13 doctors, have been arrested in South Florida over the past year on pill mill-related charges, according to federal prosecutors.

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The DEA's prescription drug policy saves many lives.
Wall Street Journal
By: Peter Hensinger and Robert L. Oupont

Scott Gottlieb's "The DEA's War on Pharmacists—and Pain Patients" (top left, March 23) hardly tells the true story of prescription drug abuse and the government's response. In the current Cardinal Health case, the Drug Enforcement Administration discovered numerous oxycodone transactions that greatly exceeded the "suspicious order" criteria in the law and were not limited or reported to the DEA. Cardinal Health was fined \$34 million in 2008 for similar violations.

Last July, the Florida legislature declared a public-health emergency—not because of a shortage of medicine, but because of increased overdose deaths caused by prescription opioids. Last year 25 distributors provided over 870 million dosage units of oxycodone in Florida alone, with Cardinal Health accounting for 25%.

Dr. Gottlieb thinks transferring DEA's responsibilities to the FDA would be a good idea, yet the FDA's record when it comes to regulating controlled substances is not good. In 1996, DEA asked FDA to schedule Somax (carisoprodol), a muscle relaxant abused by opiate addicts. In 2009, 13 years later, the FDA granted permission to schedule the drug. In 2004, the DEA asked the FDA to reschedule hydrocodone products (Vicodin, Lortab, etc.). The FDA responded four years later but did not agree to tighten the controls on what continues to be America's most frequently prescribed opioid associated with significant overdose deaths. A bill currently in Congress, if passed, will accomplish this long overdue action.

Prescription-drug overdose deaths now exceed U.S. motor-vehicle fatalities. The only federal agency that has confronted the unlawful diversion of these drugs is the DEA. Shifting regulatory control from the DEA to the FDA would accomplish nothing, but would add to the problem.

The DEA represents the unspoken interests of tens of thousands of victims harmed or killed each year by prescription drug abuse. The DEA's enforcement actions in Florida are clearly in the public interest, and its regulatory authority should not be diminished, but strongly supported.

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Top 60 Pharmacies Sales of Oxycodone 15mg (NDC 62152-0214-02) 2010						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip
1			KNOX	KNOXVILLE	TN	37919
2			ANCHORAGE	ANCHORAGE	AK	99508
3			SUSSEX	SEAFORD	DE	19973
4			HILLSBOROUGH	TAMPA	FL	33632
5			BUCKS	BENSLEM	PA	19020
6			DAVIDSON	ANTIOCH	TN	37013
7			BROWARD	FORT LAUDERDALE	FL	33309
8			MANATEE	BRADENTON	FL	34202
9			CABELL	HUNTINGTON	WV	25701
10			BREVARD	PALM BAY	FL	32909
11			SUSSEX	MILFORD	DE	19963
12			SAINT LUCIE	FORT PIERCE	FL	34981
13			ORANGE	ORLANDO	FL	32819
14			MARICOPA	TEMPE	AZ	85284
15			SEMNOLE	CASSELBERRY	FL	32730
16			LEE	FORT MYERS	FL	33907
17			BROWARD	FORT LAUDERDALE	FL	33314
18			WESTMORELAND	IRWIN	PA	15642
19			BROWARD	FORT LAUDERDALE	FL	33317
20			NEW CASTLE	BEAR	DE	19701
21			SARASOTA	SARASOTA	FL	34233
22			ORANGE	ORLANDO	FL	32806
23			STRAFFORD	ROCHESTER	NH	03067
24			CALVERT	PRINCE FREDERICK	MD	20678
25			JOHNSON	LENEXA	KS	66216
26			ORANGE	ORLANDO	FL	32819
27			GREENVILLE	GREENVILLE	SC	29606
28			MILWAUKEE	MILWAUKEE	WI	53222
29			SUSSEX	LEWES	DE	19968
30			BALTIMORE	PARKVILLE	MD	21234
31			MANATEE	BRADENTON	FL	34206
32			SURRY	ELKIN	NC	28621
33			BERNALILLO	ALBUQUERQUE	NM	87109
34			NEW CASTLE	NEWARK	DE	19713
35			NEW CASTLE	NEW CASTLE	DE	19720
36			MANATEE	BRADENTON	FL	34207
37			SUSSEX	LAUREL	DE	19966
38			SAINT LOUIS	SAINT LOUIS	MO	63134
39			PASCO	HUDSON	FL	34467
40			BROWARD	HALLANDALE	FL	33009
41			PALM BEACH	LAKE WORTH	FL	33460
42			ORANGE	WINTER PARK	FL	32789
43			SAINT LUCIE	PORT SAINT LUCIE	FL	34862
44			ASHTABULA	ASHTABULA	OH	44004
45			SULLIVAN	KNOXSPORT	TN	37660
46			MATANUSKA-SUSITNA	WASILLA	AK	99654
47			SUSSEX	MILLSBORO	DE	19968
48			MARICOPA	GLENDALE	AZ	85208
49			SALT LAKE	SALT LAKE CITY	UT	84118
50						79,400

Top 80 Pharmacies Sales of Oxycodone 30mg (NDC 02182-0216-02) 2019						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip
1			KNOX	KNOXVILLE	TN	37919
2			BROWARD	FORT LAUDERDALE	FL	33309
3			BROWARD	HOLLYWOOD	FL	33026
4			BROWARD	FORT LAUDERDALE	FL	33321
5			HILLSBOROUGH	TAMPA	FL	33616
6			ORANGE	ORLANDO	FL	32837
7			PASCO	PORT RICHEY	FL	34668
8			SEMNOLE	CASSELBERRY	FL	32730
9			PASCO	HUDSON	FL	34667
10			SAINT LUCIE	FORT PIERCE	FL	34981
11			BROWARD	FORT LAUDERDALE	FL	33317
12			ORANGE	ORLANDO	FL	32806
13			MIDDLESEX	EAST BRUNSWICK	NJ	08816
14			HILLSBOROUGH	TAMPA	FL	33613
15			HILLSBOROUGH	TAMPA	FL	33609
16			KNOX	KNOXVILLE	TN	37917
17			BROWARD	POMPANO BEACH	FL	33064
18			PINELLAS	LARGO	FL	33771
19			BROWARD	FORT LAUDERDALE	FL	33312
20			PINELLAS	LARGO	FL	33771
21			PALM BEACH	BOCA RATON	FL	33428
22			BROWARD	FORT LAUDERDALE	FL	33314
23			SARASOTA	SARASOTA	FL	34233
24			HILLSBOROUGH	TAMPA	FL	33616
25			SUFFOLK	SELDEN	NY	11784
26			PALM BEACH	BOCA RATON	FL	33431
27			PALM BEACH	WELLINGTON	FL	33414
28			MIDDLESEX	OLD BRIDGE	NJ	08867
29			MAUI	KAHULUI	HI	96732
30			HILLSBOROUGH	SEFFNER	FL	33684
31			OSCEOLA	KISSIMMEE	FL	34744
32			ORANGE	ORLANDO	FL	32812
33			LEE	FORT MYERS	FL	33907
34			BROWARD	HOLLYWOOD	FL	33024
35			SAINT LUCIE	PORT SAINT LUCIE	FL	34952
36			PALM BEACH	LAKE WORTH	FL	33467
37			BROWARD	HOLLYWOOD	FL	33021
38			ORANGE	OCFEE	FL	34761
39			BREVARD	PALM BAY	FL	32909
40			SARASOTA	SARASOTA	FL	34233
41			POLK	LAKELAND	FL	33803

Top 80 Pharmacies Sales of Oxycodone 15mg (NDC 02182-0214-02) 2011						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip
1			LEE	FORT MYERS	FL	33907
2			SUSSEX	SEAFORD	DE	19973
3			SAINT LOUIS	SAINT LOUIS	MO	63134
4			SEMNOLE	OVIEDO	FL	32766
5			PASCO	HUDSON	FL	34667
6			ALLEGHENY	OAKMONT	PA	15139
7			CALVERT	PRINCE FREDERICK	MD	20678
8			SUSSEX	MILFORD	DE	19963
9			SAINT LUCIE	FORT PIERCE	FL	34981
10			LEE	BONITA SPRINGS	FL	34136
11			SUSSEX	MILFORD	DE	19983
12			WESTMORELAND	IRVIN	PA	15642
13			FRANKLIN	COLUMBUS	OH	43287
14			ANCHORAGE	ANCHORAGE	AK	99508
15			LIVINGSTON	DENHAM SPRINGS	LA	70728
16			SEMNOLE	CASSELBERRY	FL	32730
17			BREVARD	PALM BAY	FL	32905
18			MARICOPA	PHOENIX	AZ	85037
19			CECL	ELKTON	MD	21921
20			SAINT LUCIE	PORT SAINT LUCIE	FL	34962
21			PASCO	PORT RICHEY	FL	34668
22			SEBASTIAN	FORT SMITH	AR	72901
23			RALEIGH	BECKLEY	WV	25801
24			SEMNOLE	OVIEDO	FL	32766
25			GREENVILLE	GREENVILLE	SC	29606
26			ORANGE	ORLANDO	FL	32807
27			CABELL	HUNTINGTON	WV	25701
28			MARICOPA	GLENDALE	AZ	85308
29			KNOX	KNOXVILLE	TN	37919
30			NEW CASTLE	BEAR	DE	19701
31			MILWAUKEE	MILWAUKEE	WI	53222
32			MANATEE	BRADENTON	FL	34202
33			KENT	DOVER	DE	19904
34			RALEIGH	BECKLEY	WV	25801
35			MANATEE	BRADENTON	FL	34207
36			KNOX	KNOXVILLE	TN	37932
37			SUSSEX	LAUREL	DE	19956
38			CLARK	WINCHESTER	KY	40391
39			CHARLOTTE	PORT CHARLOTTE	FL	33948
40			PINELLAS	SAINT PETERSBURG	FL	33709
41			PINELLAS	SAINT PETERSBURG	FL	33712
42			MATANUSKA SUSITNA	VIASILLA	AK	90664
43			ORANGE	ORLANDO	FL	32866
44			NEW CASTLE	NEW CASTLE	DE	19720
45			PUEBLO	PUEBLO	CO	81001
46			SUSSEX	GEORGETOWN	DE	19347
47			MARTIN	STUART	FL	34987

Top 50 Pharmacies Sales of Oxycodone 30mg (NDC00228-2879-1) 2011						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip Total
1			KNOX	KNOXVILLE	TN	37919 \$51,200
2			SEMINOLE	OVIEDO	FL	32765 \$17,400
3			PASCO	HUDSON	FL	34667 \$14,800
4			LEE	FORT MYERS	FL	33907 \$14,500
5			SAINT LUCIE	FORT PIERCE	FL	34981 \$13,900
6			SAINT LUCIE	FORT SAINT LUCIE	FL	34952 \$12,500
7			WASHINGTON	BOGALUSA	LA	70427 \$11,300
8			SAINT LUCIE	FORT SAINT LUCIE	FL	34952 \$10,800
9			KNOX	KNOXVILLE	TN	37932 \$10,800
10			SEBASTIAN	FORT SMITH	AR	72901 \$10,700
11			SEMINOLE	CASSELBERRY	FL	32726 \$10,400
12			CITRUS	HOMOSASSA	FL	34444 \$10,300
13			MARION	OCALA	FL	34482 \$10,300
14			PIWELLAS	SAINT PETERSBURG	FL	33702 \$10,200
15			NEW YORK	NEW YORK	NY	10005 \$10,200
16			DUVAL	JACKSONVILLE	FL	32216 \$10,200
17			KNOX	KNOXVILLE	TN	37919 \$10,200
18			CITRUS	HOMOSASSA	FL	34444 \$10,100
19			MARTIN	STUART	FL	34997 \$10,100
20			PIWELLAS	LARGO	FL	33771 \$10,100
21			BREVARD	PALM BAY	FL	32905 \$10,100
22			ORANGE	ORLANDO	FL	32812 \$10,100
23			MONMOUTH	SPRANSBURG	NJ	07734 \$10,100
24			KNOX	KNOXVILLE	TN	37917 \$10,100
25			PALM BEACH	WEST PALM BEACH	FL	33404 \$10,100
26			PALM BEACH	BOCA RATON	FL	33428 \$10,100
27			SAINT LUCIE	FORT PIERCE	FL	34950 \$10,100
28			PALM BEACH	WELLINGTON	FL	33414 \$10,100
29			BUTLER	WEST CHESTER	OH	45069 \$10,100
30			BARASOTA	BARASOTA	FL	34233 \$10,100
31			BRICOWARD	FORT LAUDERDALE	FL	33309 \$10,100
32			ORANGE	ORLANDO	FL	32807 \$10,100
33			PIWELLAS	SAINT PETERSBURG	FL	33712 \$10,100
34			INDIAN RIVER	VERO BEACH	FL	32962 \$10,100
35			SEMINOLE	OVIEDO	FL	32765 \$10,100
36			MIDDLESEX	EAST BRUNSWICK	NJ	08816 \$10,100
37			HILLSBOROUGH	TAMPA	FL	33614 \$10,100
38			DAVIDSON	NASHVILLE	TN	37211 \$10,100
39			MIDDLESEX	EAST BRUNSWICK	NJ	08816 \$10,100
40			PIWELLAS	SAINT PETERSBURG	FL	33703 \$10,100
41			PIWELLAS	SAINT PETERSBURG	FL	33709 \$10,100
42			BUSSEX	SEAFORD	DE	19973 \$10,100
43			PASCO	NEW FORT RICHEY	FL	34653 \$10,100
44			PIWELLAS	SAINT PETERSBURG	FL	33707 \$10,100
45			CHARLOTTE	FORT CHARLOTTE	FL	33948 \$10,100
46			CLARK	LAS VEGAS	NV	89128 \$10,100

Top 50 Pharmacies Sales of Oxycodone 15mg (NDC 00228-2878-1) January 1, 2012 to June 30, 2012						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip Total
1			MILWAUKEE	MILWAUKEE	WI	53222 \$12,200
2			ANCHORAGE	ANCHORAGE	AK	99508 \$12,600
3			RALEIGH	BECKLEY	WV	25801 \$10,800
4			BUSSEX	MILFORD	DE	19963 \$10,000
5			KNOX	KNOXVILLE	TN	37919 \$8,000
6			ALLEGHENY	DANKMORT	PA	15139 \$8,000
7			FLOYD	EASTERN	KY	41622 \$8,600
8			PASCO	HUDSON	FL	34667 \$8,100
9			ALLEGHENY	PITTSBURGH	PA	15202 \$8,100
10			MARICOPA	PHOENIX	AZ	85027 \$7,600
11			BARASOTA	BARASOTA	FL	34233 \$7,400
12			PROVIDENCE	WOONSOCKET	RI	02895 \$7,800
13			ANNE ARUNDEL	GLEN BURNIE	MD	21061 \$7,800
14			MILWAUKEE	MILWAUKEE	WI	53208 \$7,600
15			RALEIGH	BECKLEY	WV	25801 \$7,400
16			BALTIMORE	PARKVILLE	MD	21234 \$7,400
17			GREENVILLE	GREENVILLE	SC	29605 \$7,400
18			BUSSEX	SEAFORD	DE	19973 \$7,000
19			PUEBLO	PUEBLO	CO	81001 \$7,000
20			RALEIGH	BECKLEY	WV	25801 \$7,000
21			KNOX	KNOXVILLE	TN	37932 \$6,600
22			LAFAYETTE	LAFAYETTE	LA	70501 \$6,600
23			MATAMOROS SUBITRA	WASILLA	AK	99554 \$7,000
24			BUSSEX	GEORGETOWN	DE	19947 \$6,200
25			MARICOPA	GLENDAL	AZ	85308 \$6,400
26			ORANGE	ORLANDO	FL	32819 \$6,400
27			DAVIDSON	ANTIOCH	TN	37013 \$6,400
28			MANATEE	BRADENTON	FL	34202 \$6,000
29			BALTIMORE CITY	BALTIMORE	MD	21224 \$6,000
30			CHARLOTTE	FORT CHARLOTTE	FL	33948 \$6,000
31			MONTGOMERY	BALA CYNWYD	PA	19004 \$6,400
32			HILLSBOROUGH	TAMPA	FL	33603 \$6,100
33			MARICOPA	AVONDALE	AZ	85392 \$6,600
34			LAKE	CLEARLAKE	CA	94622 \$6,200
35			BUCKS	LEVITTOWN	PA	19054 \$6,000
36			RANDOLPH	RIO RANCHO	NM	87124 \$6,000
37			CAMDEN	CHERRY HILL	NJ	08034 \$6,400
38			PUEBLO	PUEBLO	CO	81005 \$6,200
39			MILWAUKEE	MILWAUKEE	WI	53208 \$6,000

Top 50 Pharmacies Sales of Oxycodone 15mg (NDC 52152-0214-02)				
January 1, 2012 to June 30, 2012				
Rank	Buyer's DEA Number	Buyer's Name	Buyer's State	Total
1			CA	3,600
2			AZ	2,400
3			OH	2,400
4			NY	1,000
5			AZ	1,000
6			WV	900
7			AR	600
8			TX	500
9			PA	500
10			WI	300
11			MI	200
12			AL	100
13			NY	100

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Top 50 Pharmacies							
Sales of Oxycodone 30mg (NDC 52152-0215-02)							
January 1, 2012 to June 30, 2012							
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			RICHMOND	STATEN ISLAND	NY	10305	26,000
2			KINGS	BROOKLYN	NY	11222	17,600
3			LOS ANGELES	LOS ANGELES	CA	90025	12,000
4			WAYNE	DETROIT	MI	48207	9,700
5			ESSEX	BELLEVILLE	NJ	07109	8,300
6			MIDDLESEX	PERTH AMBOY	NJ	08861	7,900
7			BURLINGTON	RIVERSIDE	NJ	08075	7,200
8			FAYETTE	CONNELLSVILLE	PA	15425	7,200
9			PHILADELPHIA	PHILADELPHIA	PA	19124	6,100
10			MARSHALL	MOUNDSVILLE	WV	26041	5,600
11			FRESNO	CLOVIS	CA	93612	5,400
12			VENTURA	RED VALLEY	CA	93065	4,800
13			FRESNO	FRESNO	CA	93727	4,800
14			ETOWAH	GADSDEN	AL	35901	4,100
15			SAN DIEGO	OCEANSIDE	CA	92054	3,600
16			NYE	PAHRUMP	NV	89048	3,000
17			BROCKE	FOLLANSBEE	WV	26037	3,000
18			OCEAN	BEACHWOOD	NJ	08722	3,000
19			SULLIVAN	LIBERTY	NY	12754	2,400
20			WAYNE	HARPER WOODS	MI	48225	2,400
21			PIKE	WAVELEY	OH	45690	2,400
22			SAN BERNARDINO	RANCHO COCAMONGA	CA	91730	2,400
23			NASSAU	FARMINGDALE	NY	11735	2,000
24			BURLINGTON	BORDENTOWN	NJ	08505	2,000
25			HUDSON	BAYONNE	NJ	07002	2,000
26			LOS ANGELES	LONG BEACH	CA	90813	2,000
27			KINGS	BROOKLYN	NY	11215	1,800
28			CAMDEN	CAMDEN	NJ	08105	1,800
29			CUYAHOGA	CLEVELAND	OH	44103	1,700
30			PIMA	TUCSON	AZ	85704	1,600
31			RIVERSIDE	SAN JACINTO	CA	92583	1,600
32			HARRIS	HOUSTON	TX	77006	1,500

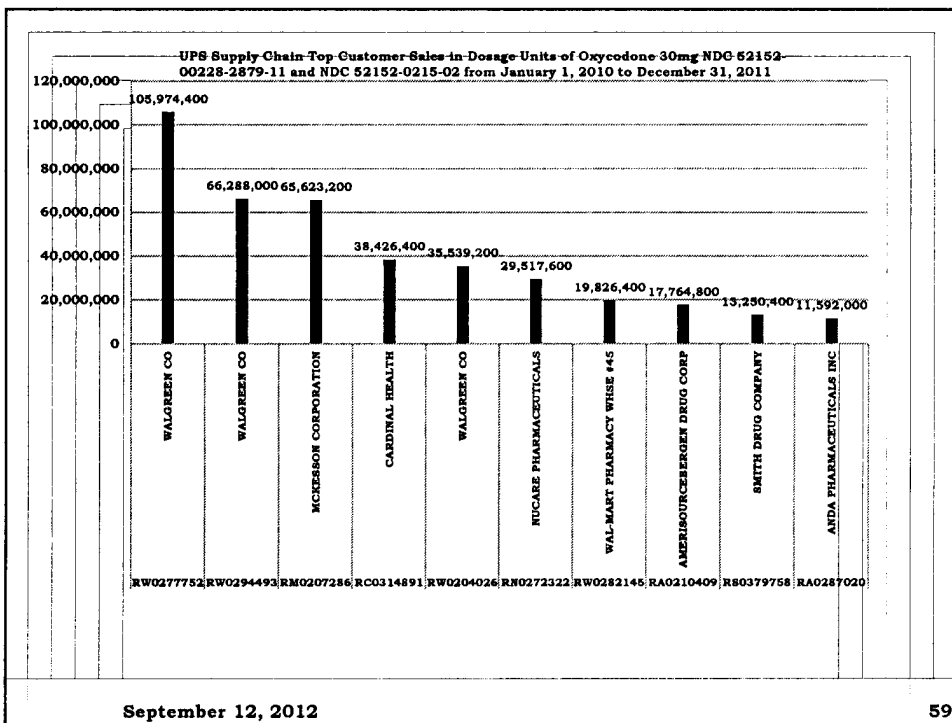
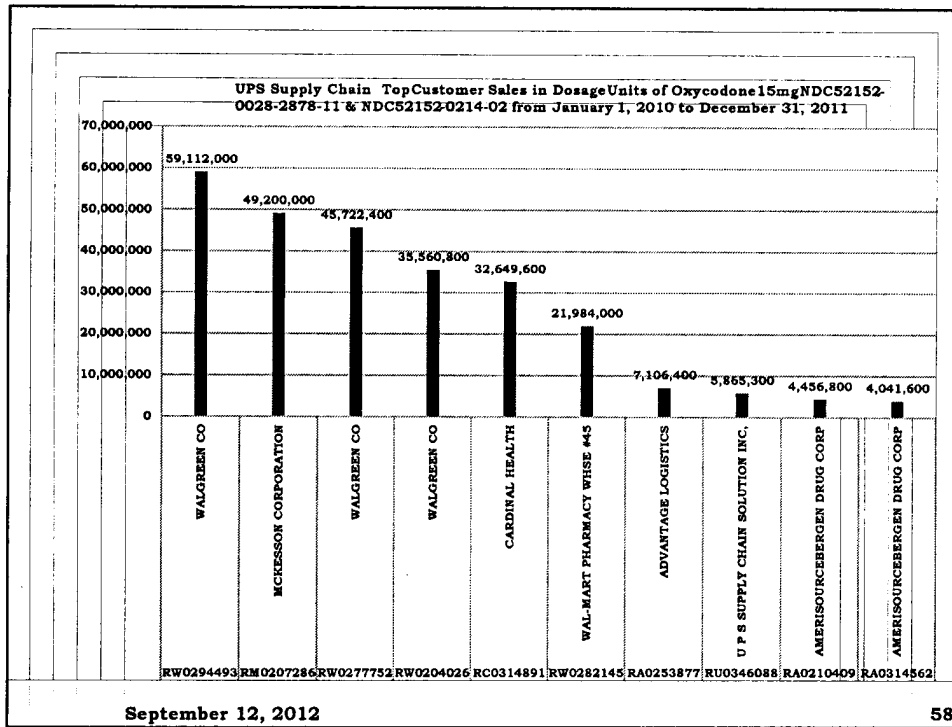
Top 50 Pharmacies Sales of Oxycodone 30mg (NDC 00228-2879-11)							
January 1, 2012 to June 30, 2012							
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			KNOX	KNOXVILLE	TN	37919	618,100
2			CLARK	LAS VEGAS	NV	89128	400,200
3			KNOX	KNOXVILLE	TN	37932	279,200
4			NEW YORK	NEW YORK	NY	10003	265,200
5			KNOX	KNOXVILLE	TN	37919	227,400
6			MIDDLESEX	EAST BRUNSWICK	NJ	08816	193,800
7			CHARLOTTE	FORT CHARLOTTE	FL	33948	165,600
8			CLARK	NORTH LAS VEGAS	NV	89030	156,100
9			MIDDLESEX	EAST BRUNSWICK	NJ	08816	154,600
10			HILLSBOROUGH	TAMPA	FL	33612	154,300
11			WASHINGTON	BOGALUSA	LA	70427	151,600
12			MORMOUTH	KEANSBURG	NJ	07734	149,100
13			CLARK	NORTH LAS VEGAS	NV	89032	143,300
14			NEW CASTLE	WILMINGTON	DE	19806	143,400
15			KNOX	KNOXVILLE	TN	37917	138,700
16			PARCO	HUDSON	FL	34667	137,700
17			PHILADELPHIA	PHILADELPHIA	PA	19128	136,800
18			PIMA	TUCSON	AZ	85712	136,600
19			CLARK	LAS VEGAS	NV	89107	134,800
20			BUTLER	WEST CHESTER	OH	45069	132,900
21			HILLSBOROUGH	TAMPA	FL	33614	132,900
22			CLARK	LAS VEGAS	NV	89108	132,800
23			BLOUNT	ALCOA	TN	37701	132,300
24			CLARK	LAS VEGAS	NV	89121	131,000
25			ORANGE	ORLANDO	FL	32812	129,600
26			MIDDLESEX	PERTH AMBOY	NJ	08861	128,600
27			SUFFOLK	SELDEN	NY	11784	120,100
28			KNOX	POWELL	TN	37849	119,700
29			RICHMOND	STATEN ISLAND	NY	10305	116,500
30			PUEBLO	PUEBLO	CO	81001	115,100
31			RICHMOND	STATEN ISLAND	NY	10312	114,700
32			SARASOTA	SARASOTA	FL	34233	112,800
33			MILWAUKEE	MILWAUKEE	WI	53222	112,100
34			LAWRENCE	NEW CASTLE	PA	16101	111,000
35			CLARK	LAS VEGAS	NV	89106	110,800
36			SAN DIEGO	CARLEBAD	CA	92010	110,800

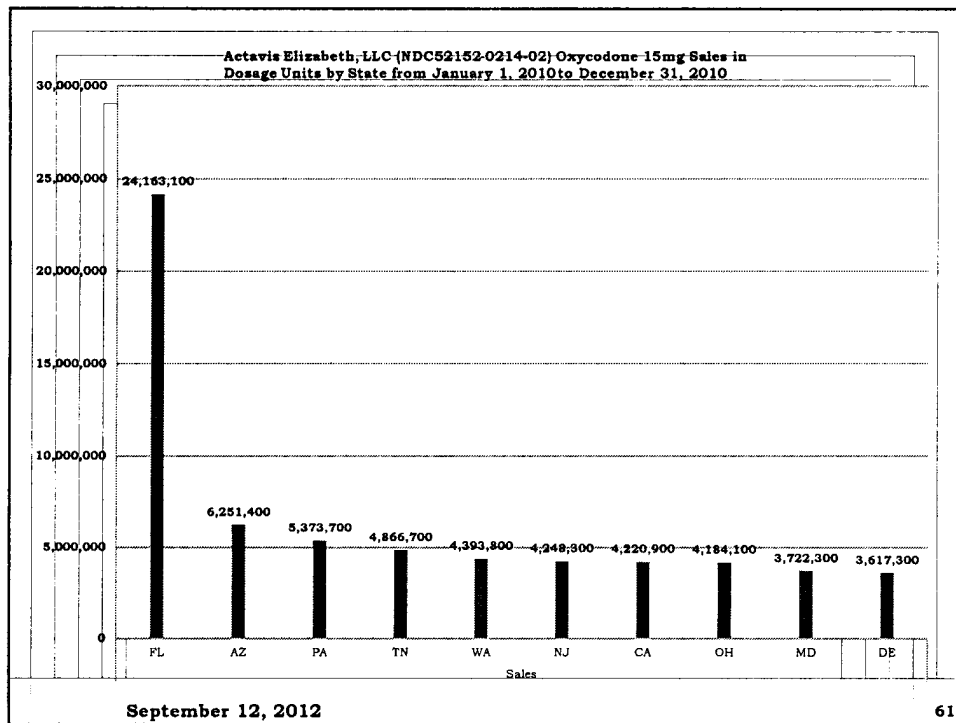
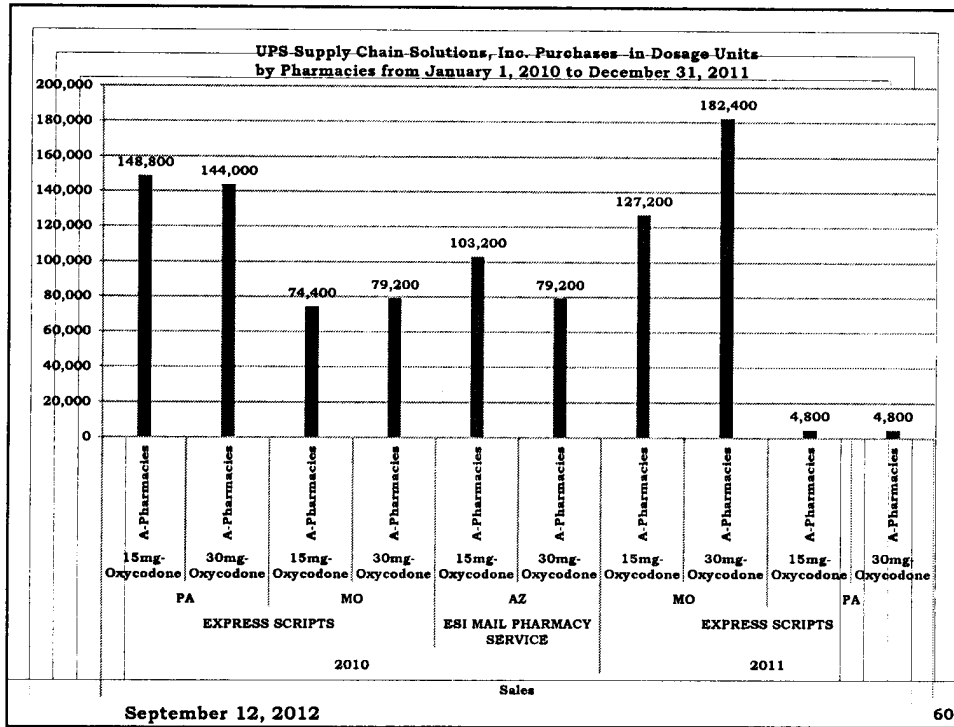
The following charts and graphs have been compiled from ARCOS reports your firm has previously submitted to DEA. The data was reviewed and the purchases of a few of your customers will be addressed during our discussion.

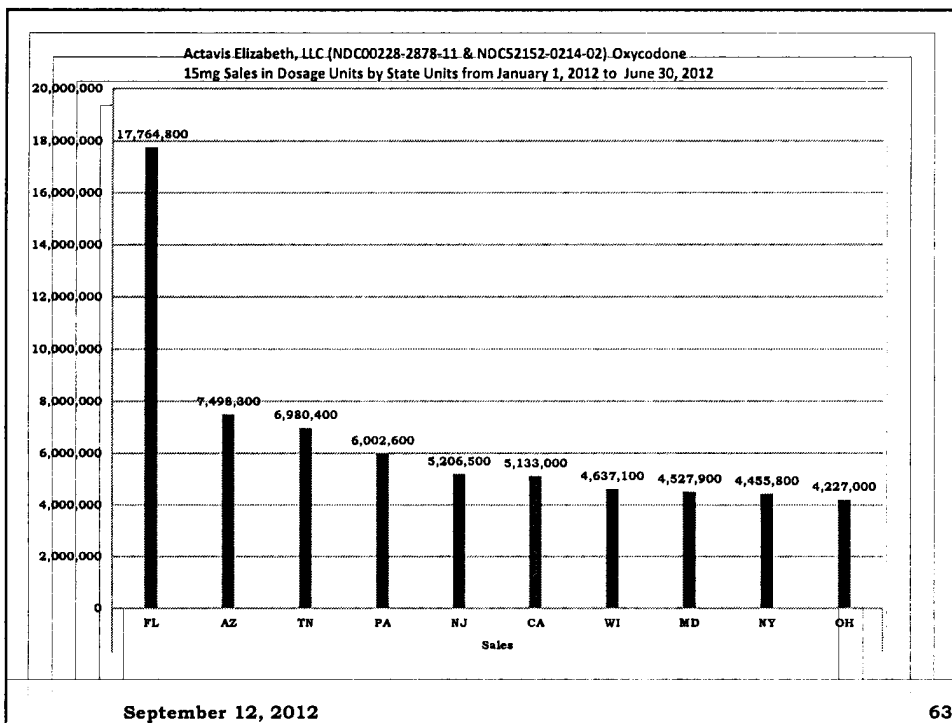
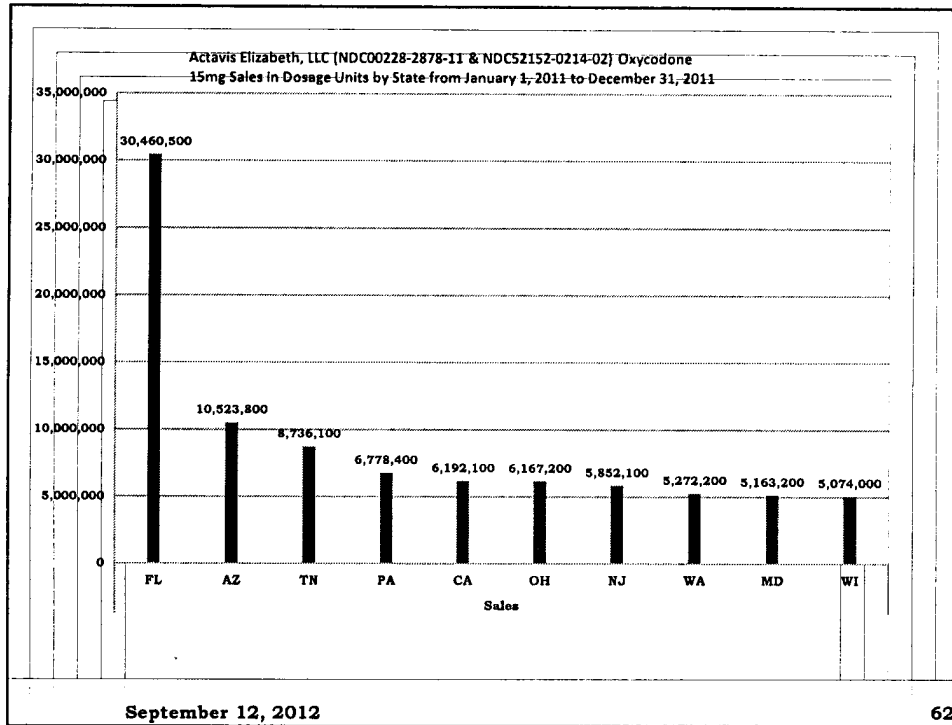
The mentioning of specific customers is NOT to be implied that the sale of controlled substances to these customers is illicit or that they may be involved in illicit activities.

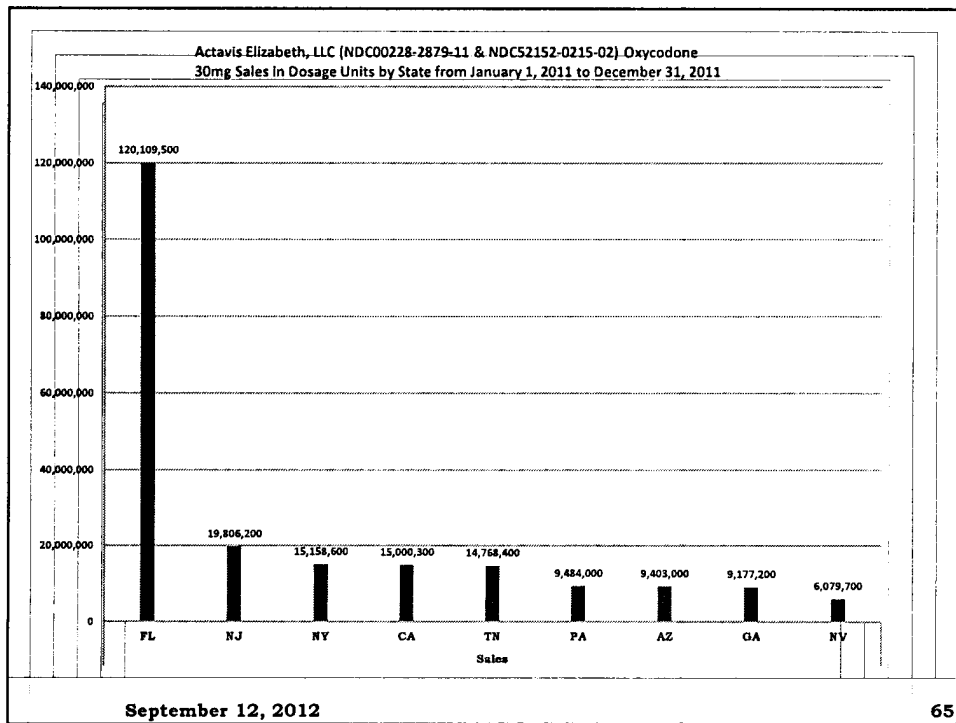
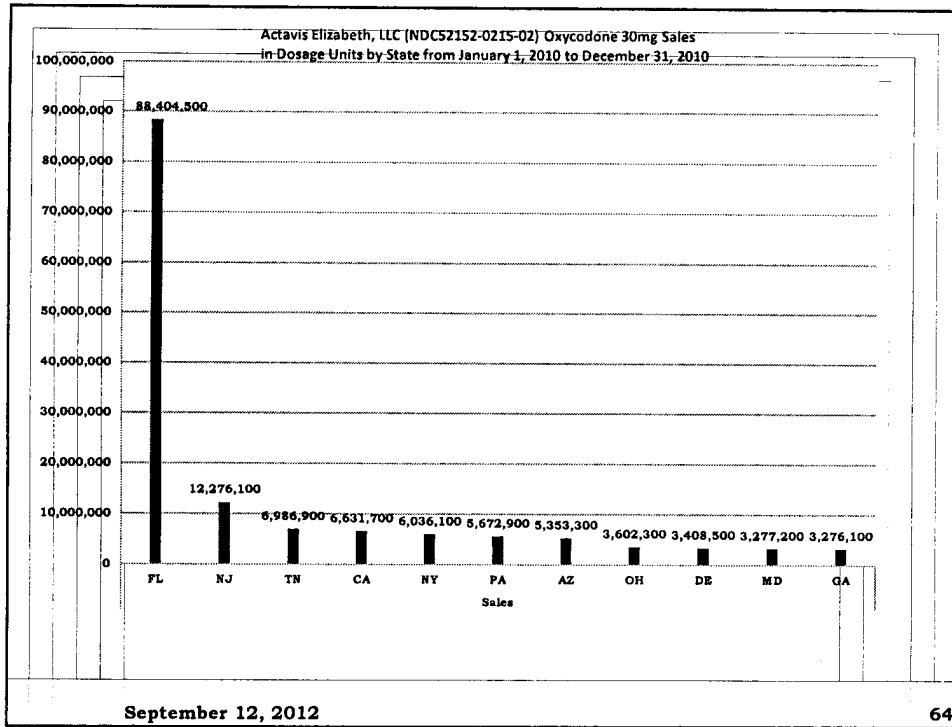
It also should NOT be inferred that based upon the documentation provided to you that your company should terminate or restrict business with any customer discussed for the purposes of this presentation.

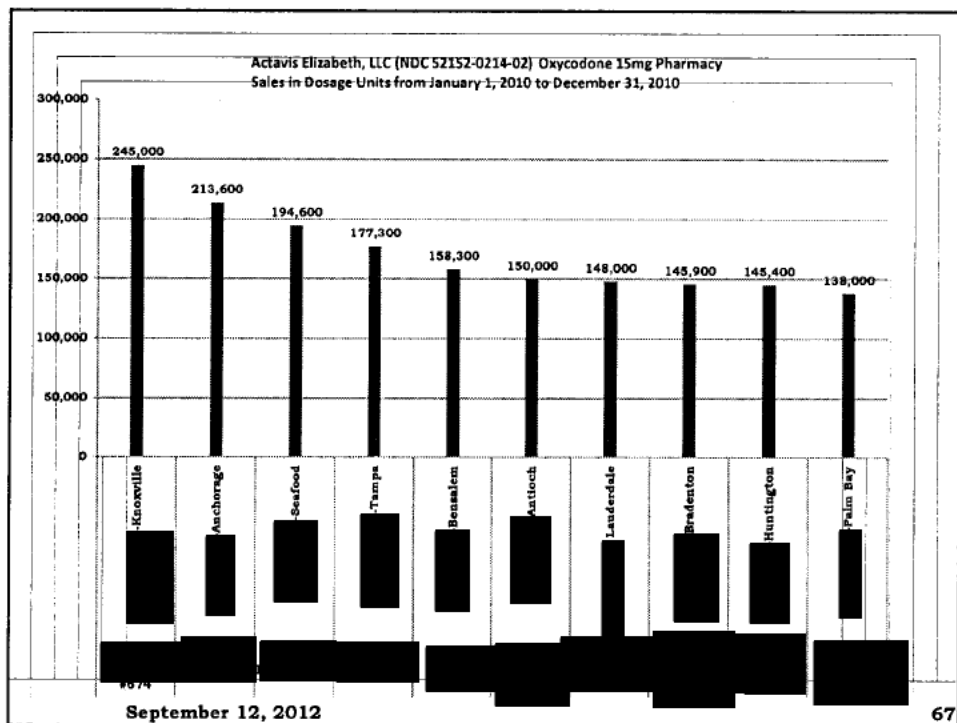
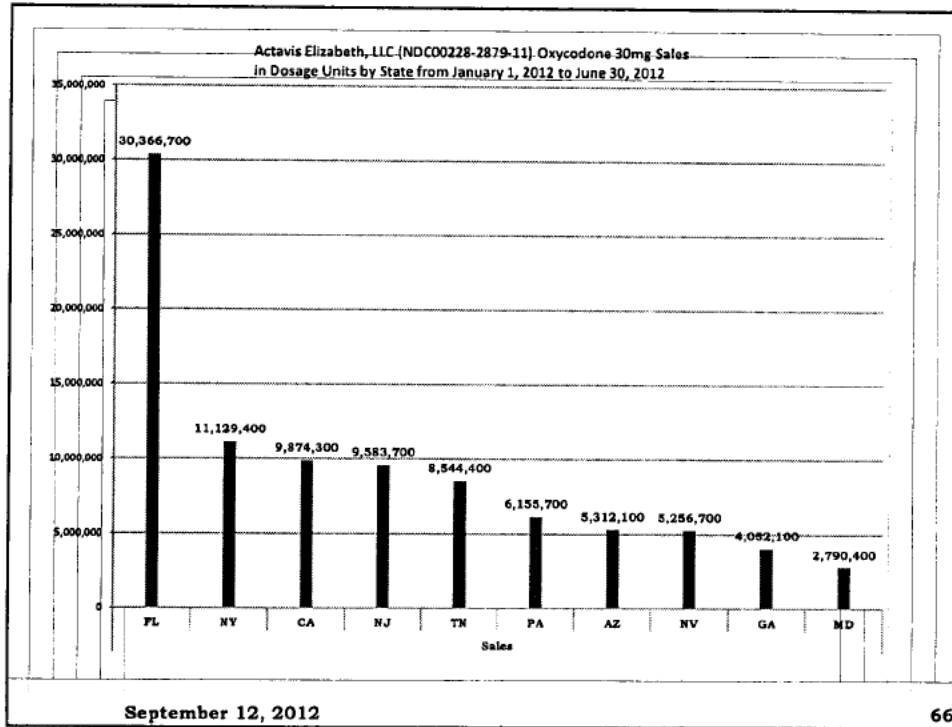
It is incumbent upon you to know your customers, fully review all orders for controlled substances and to exercise due diligence procedures prior to deciding whether or not to terminate or restrict sales to any customer.

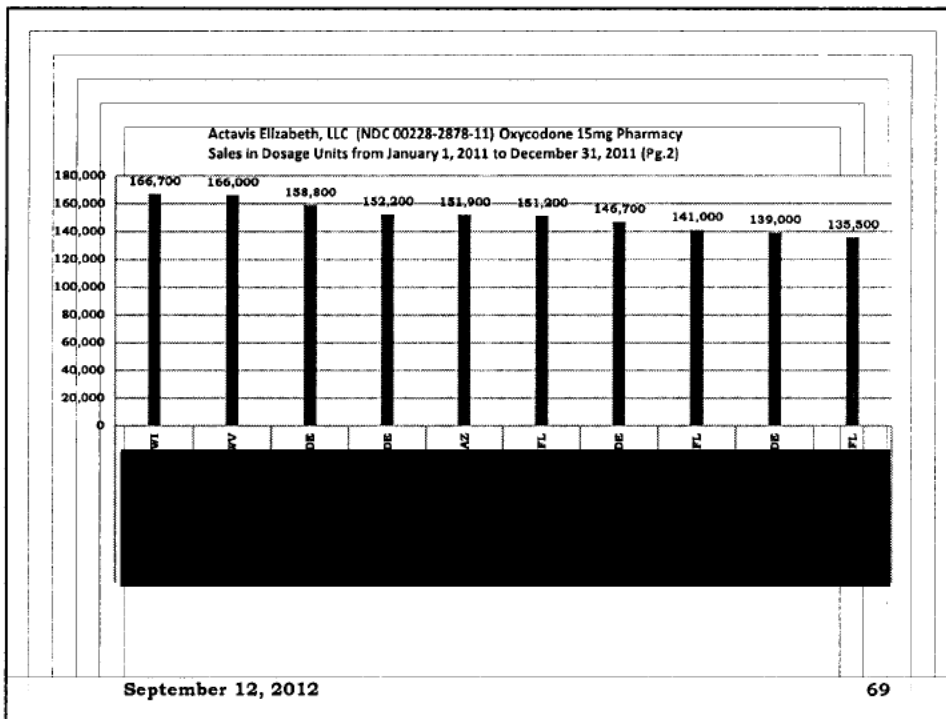
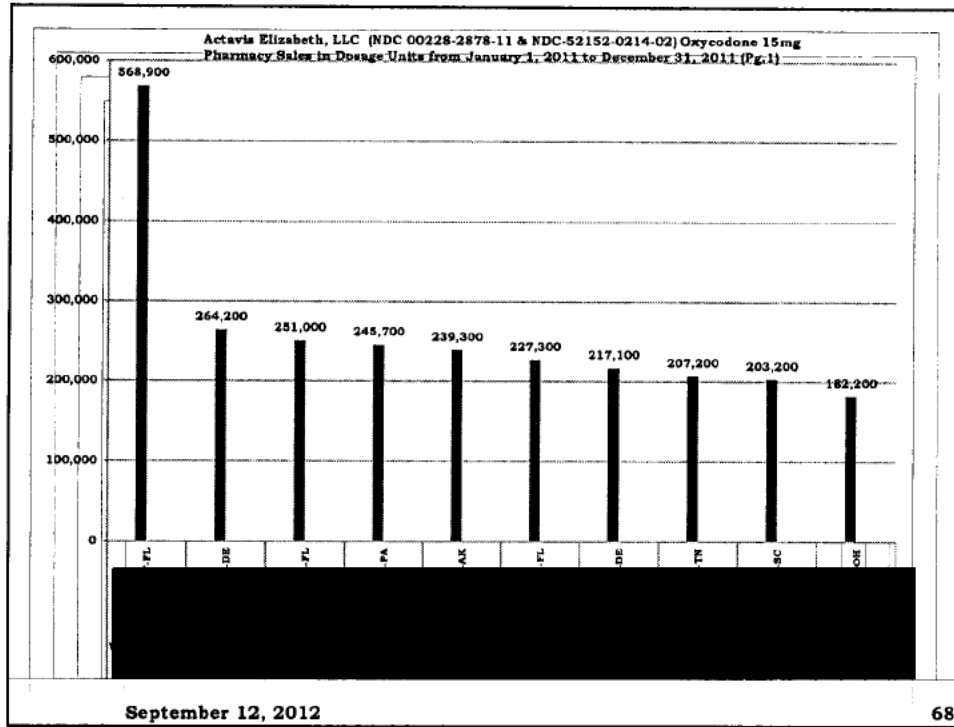


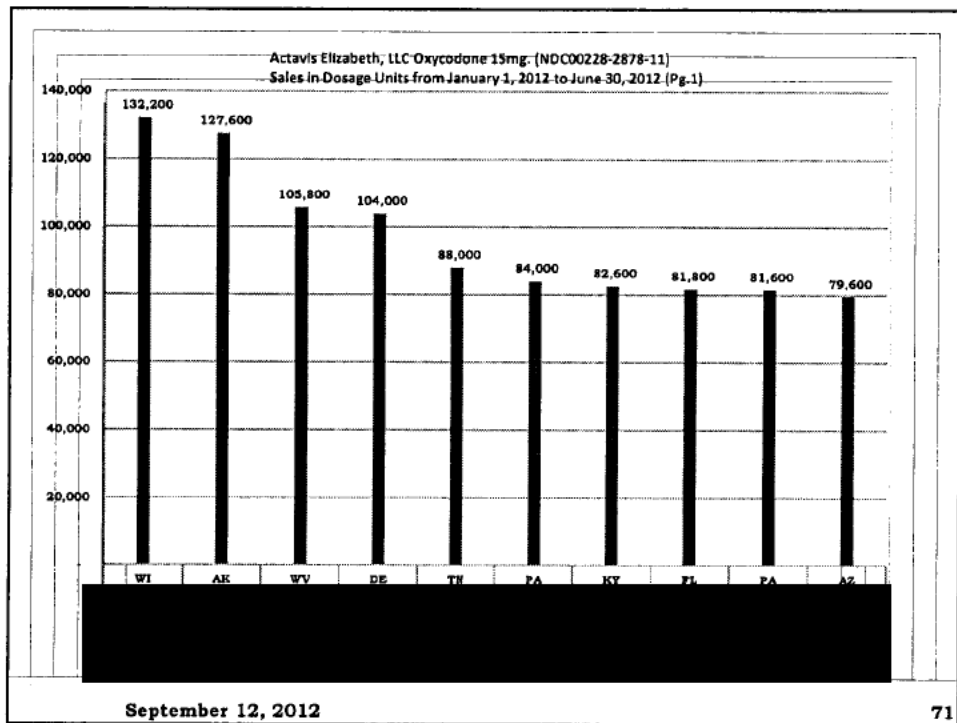
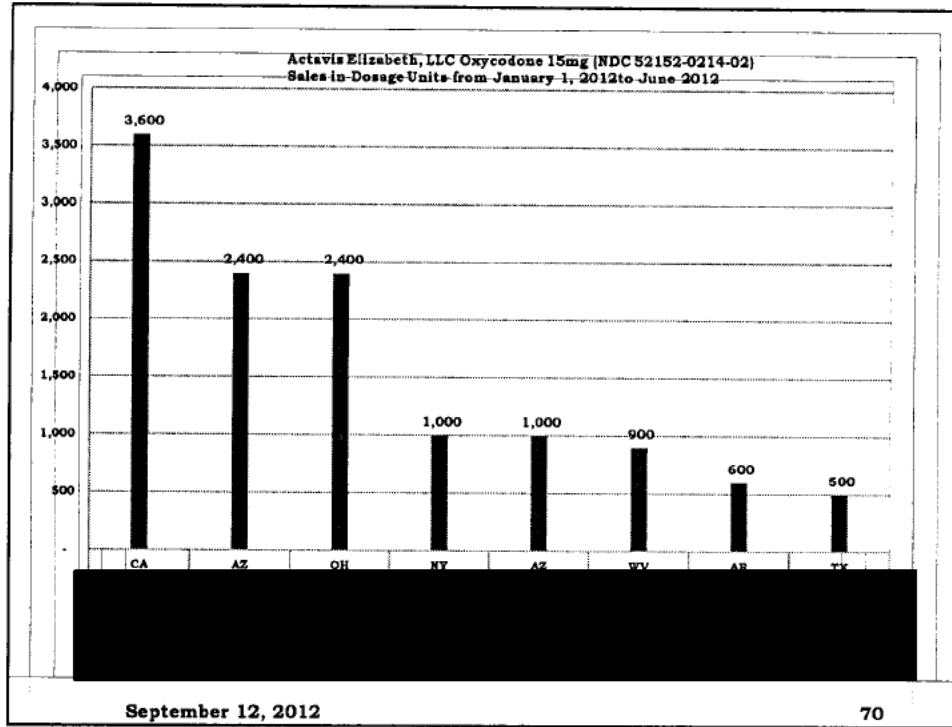


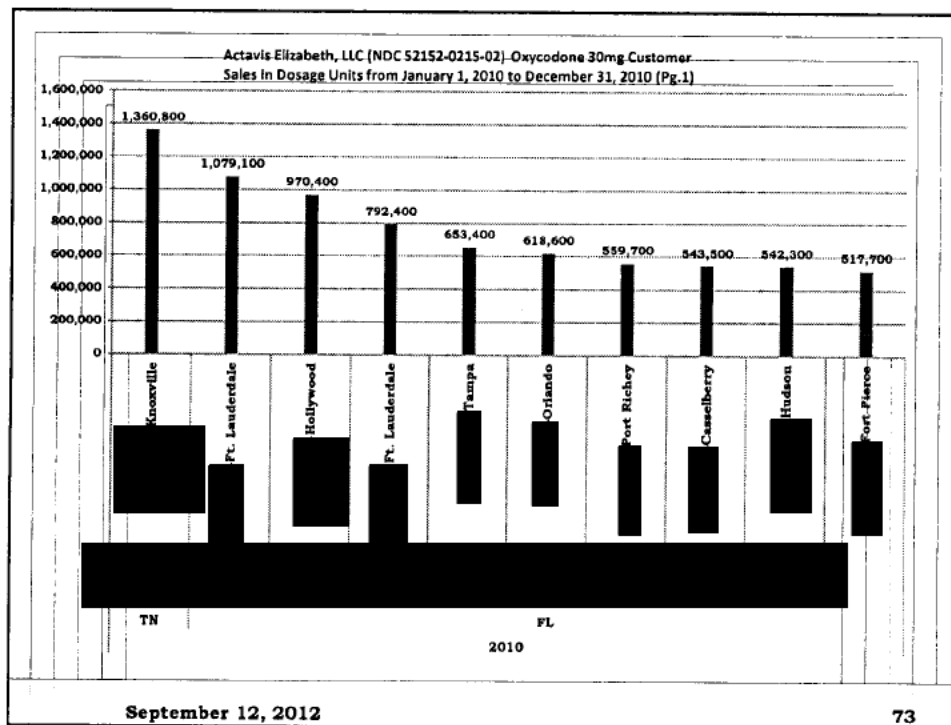
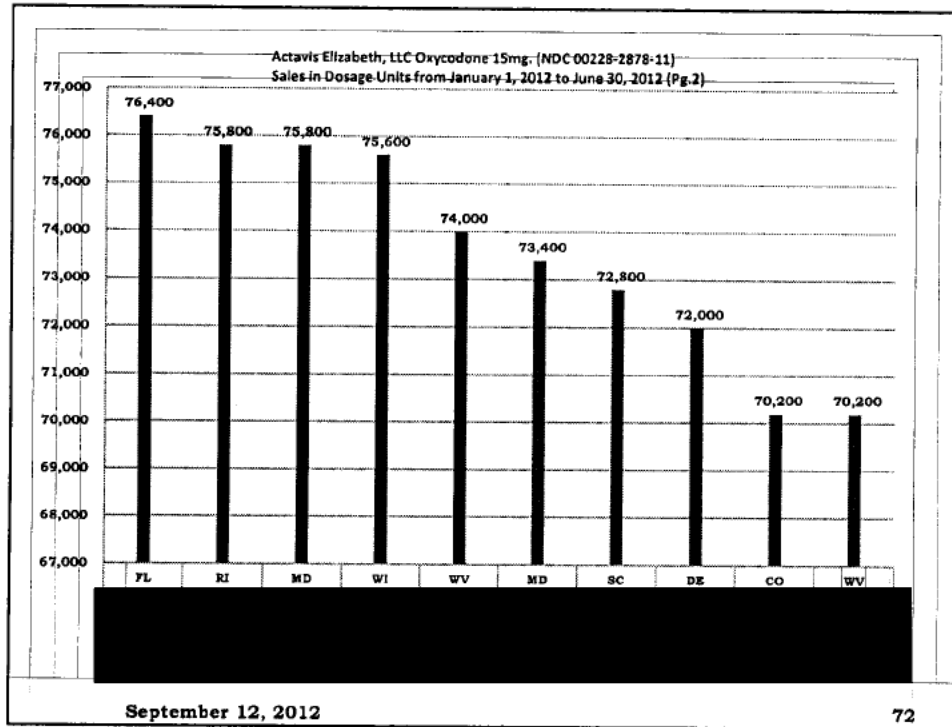


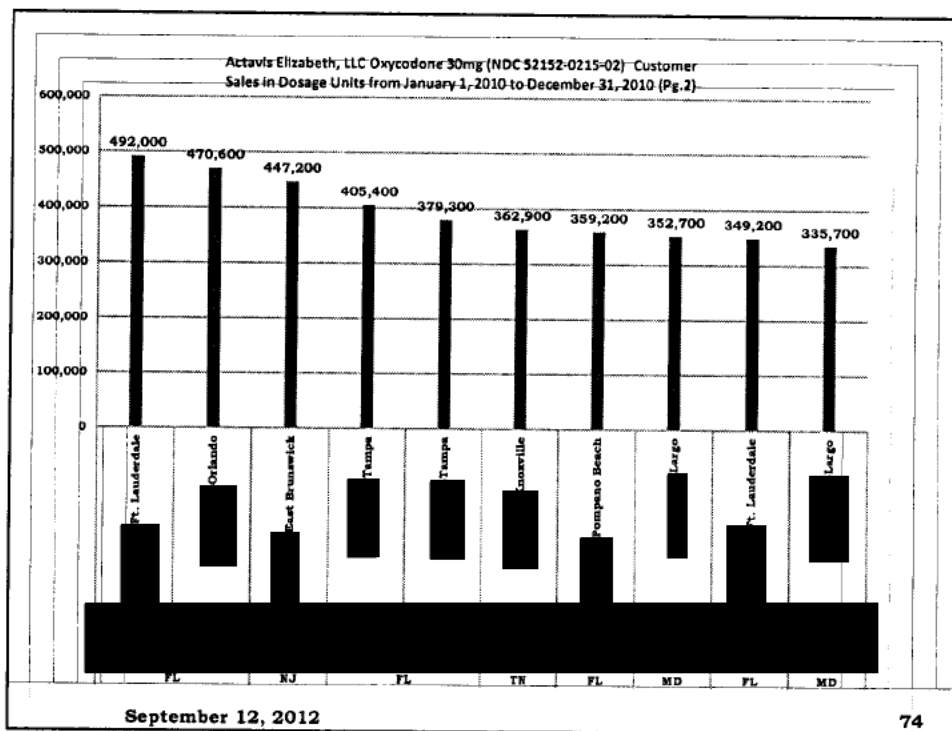




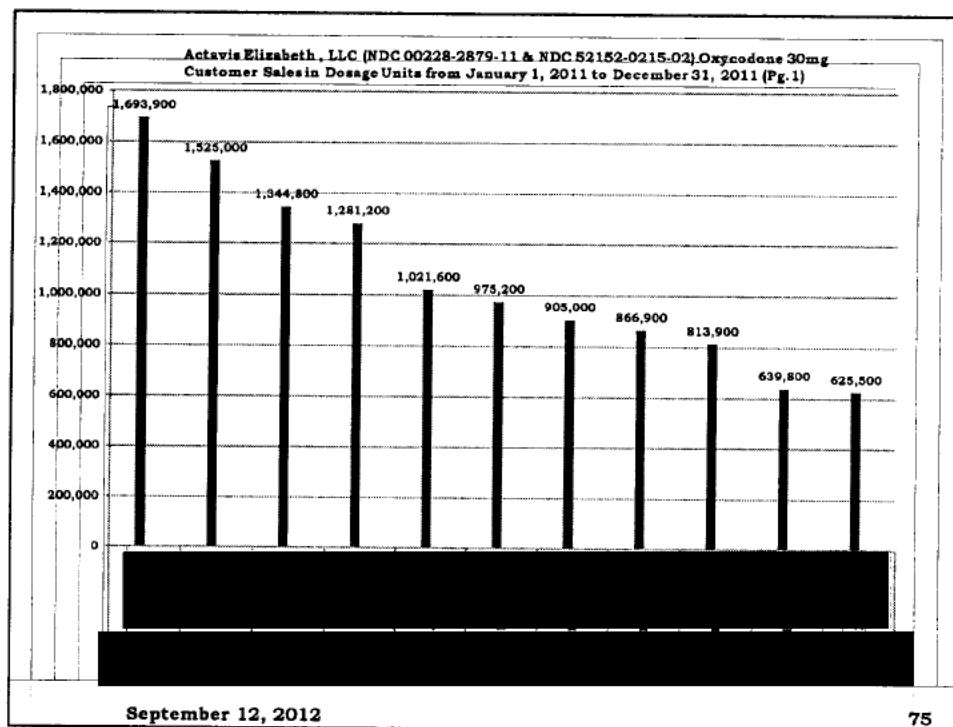




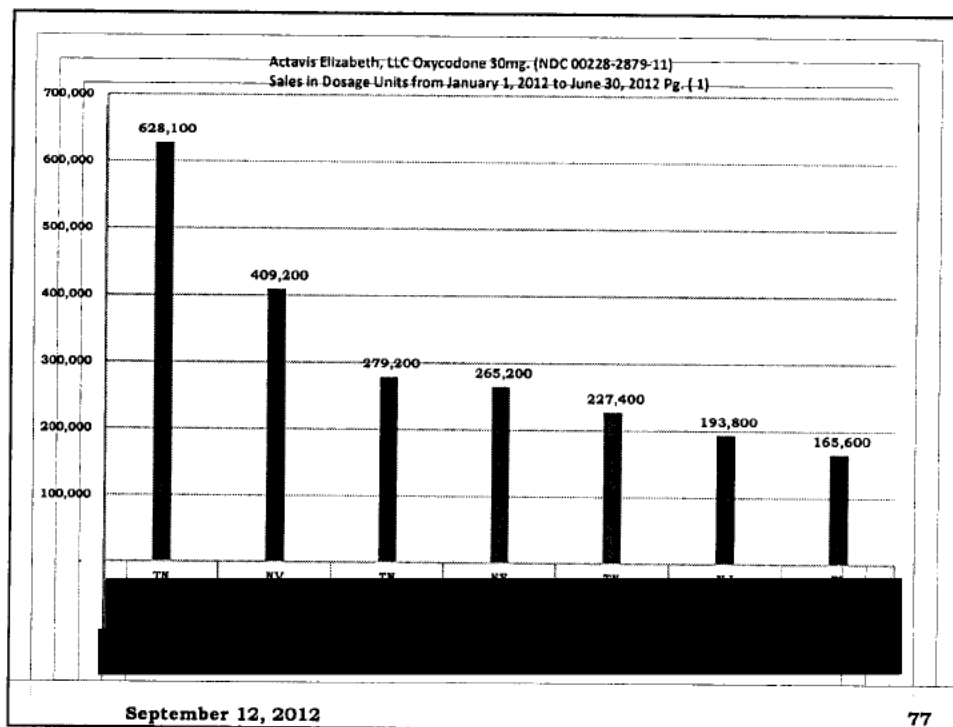
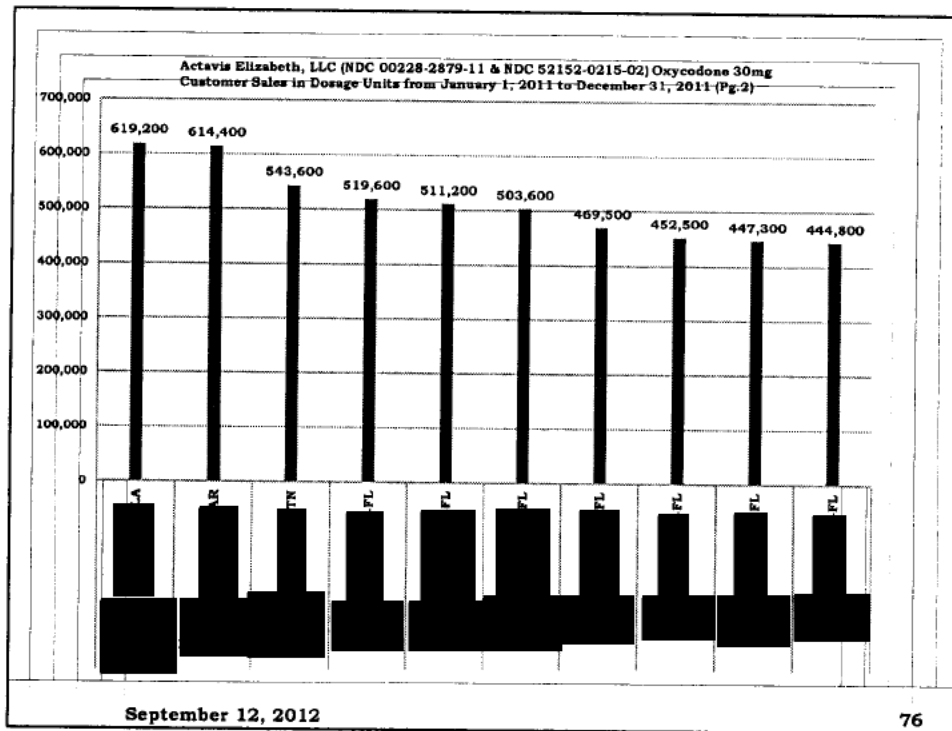


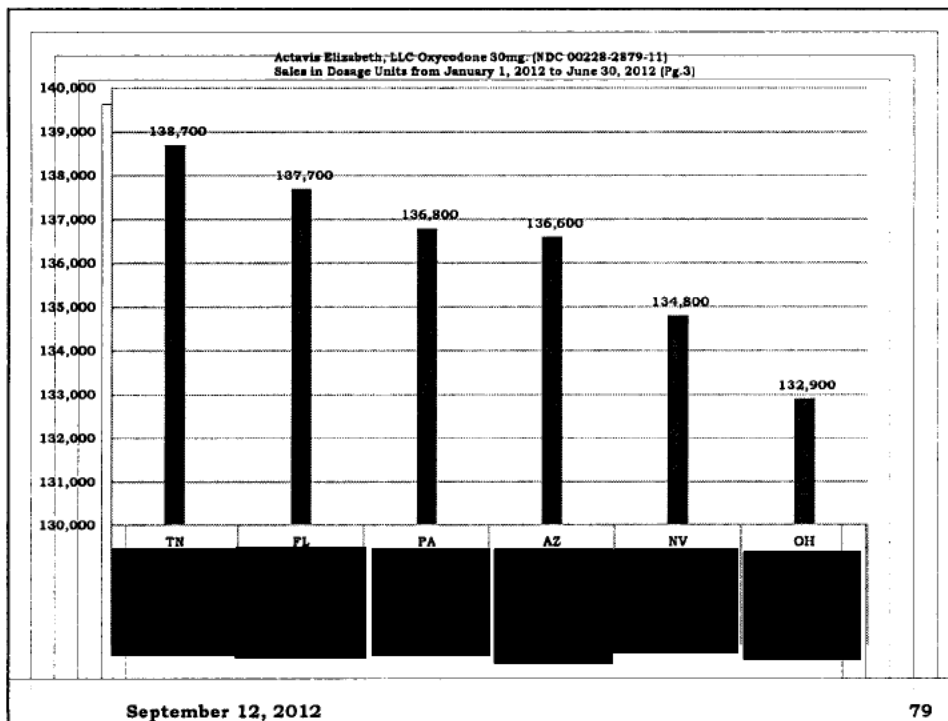
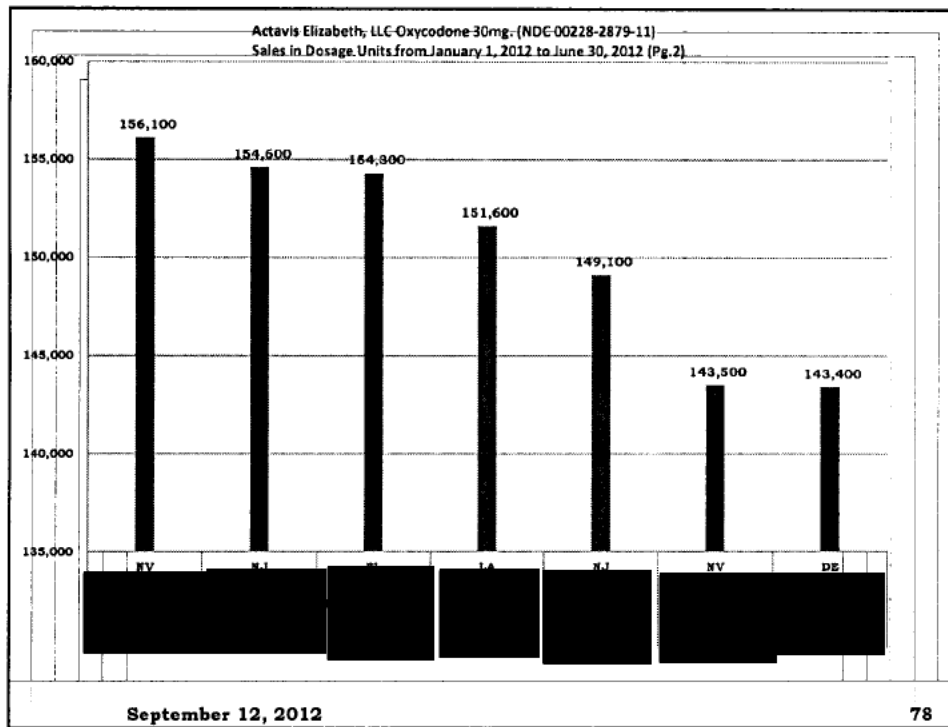


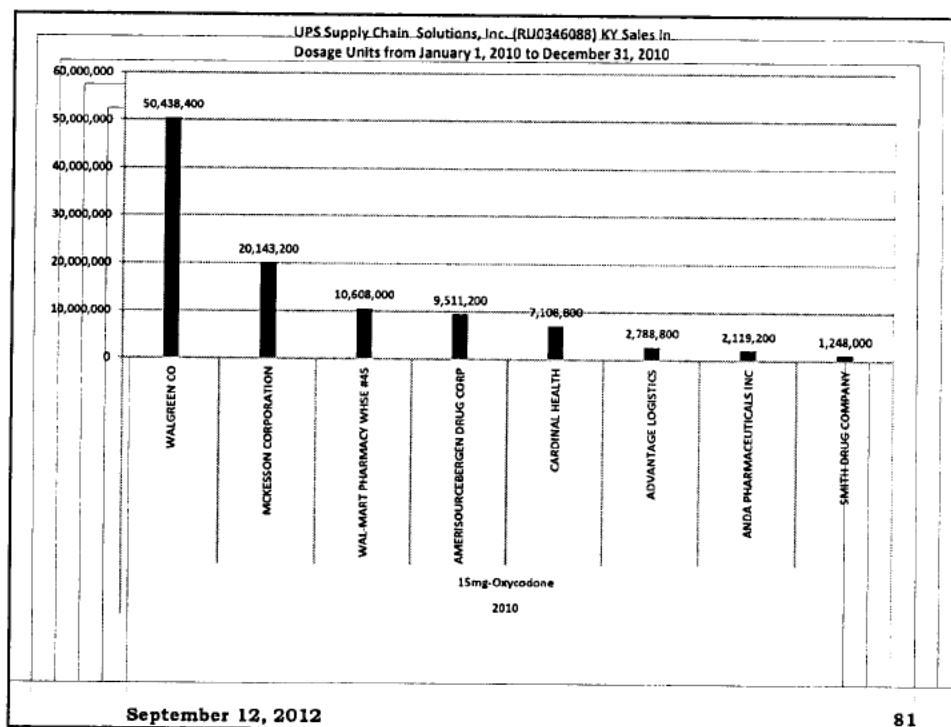
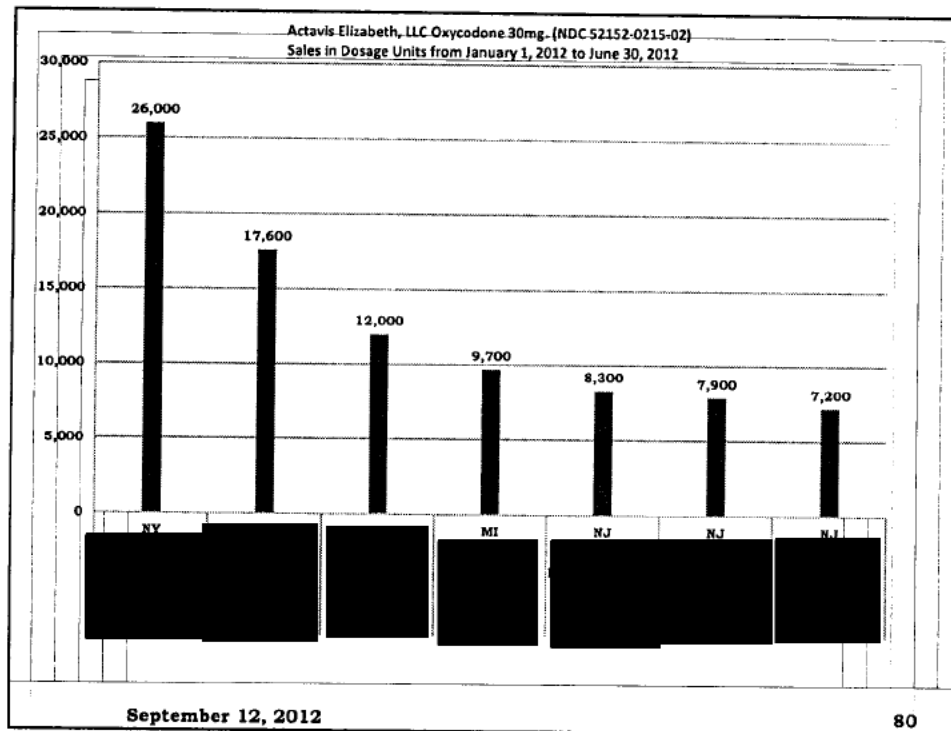
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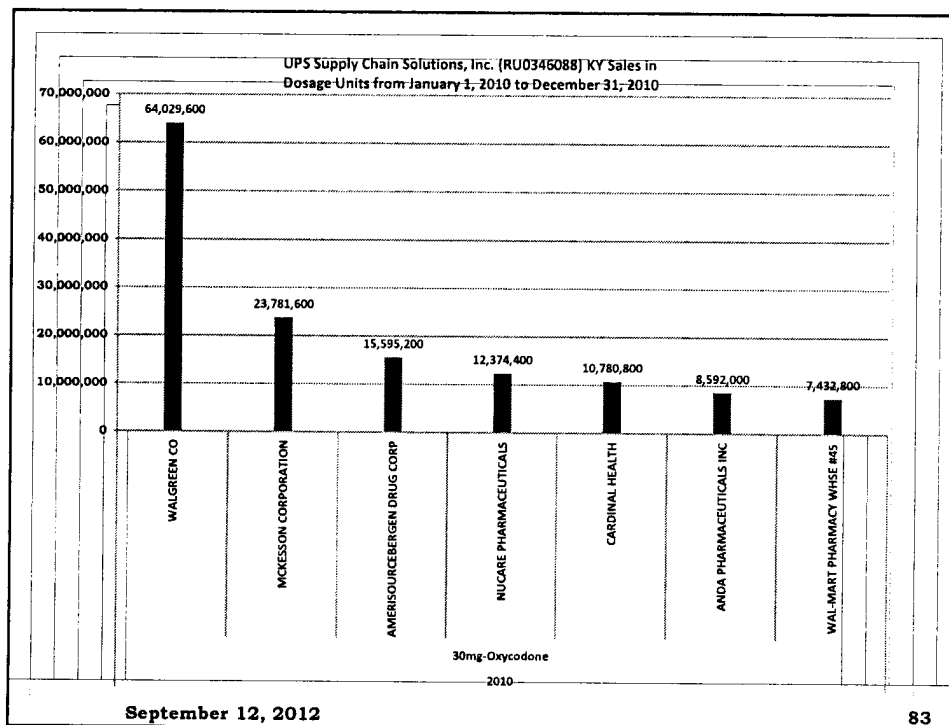
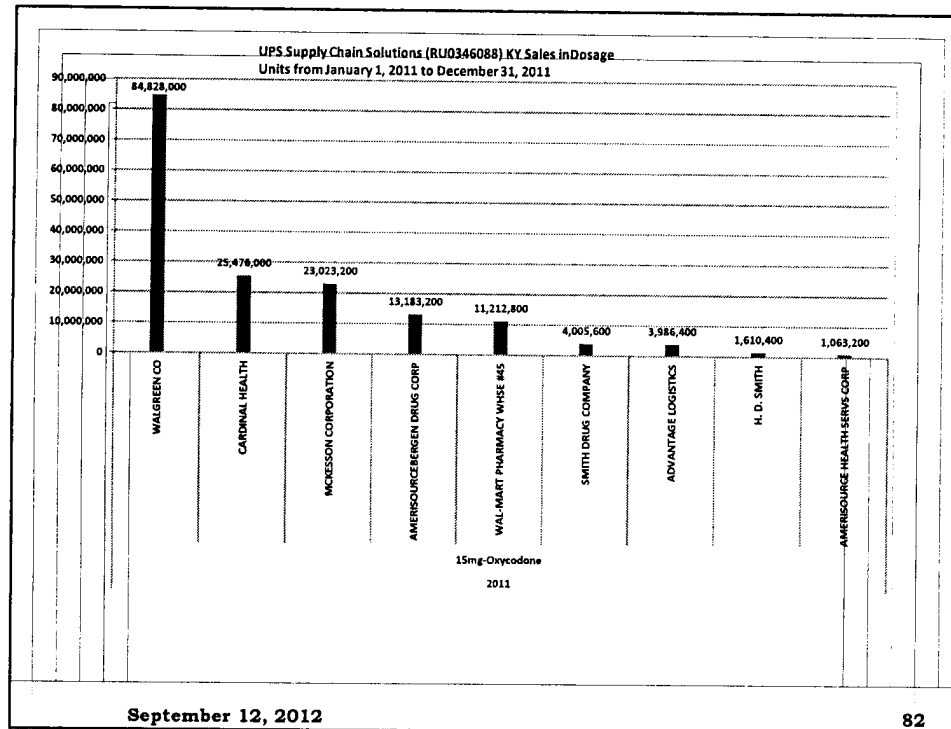


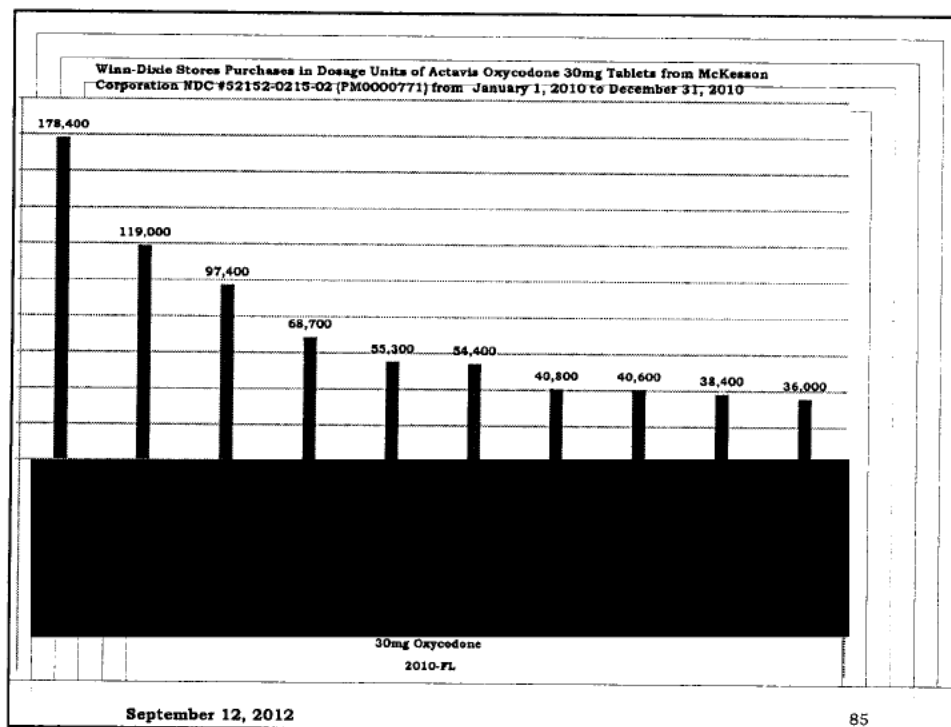
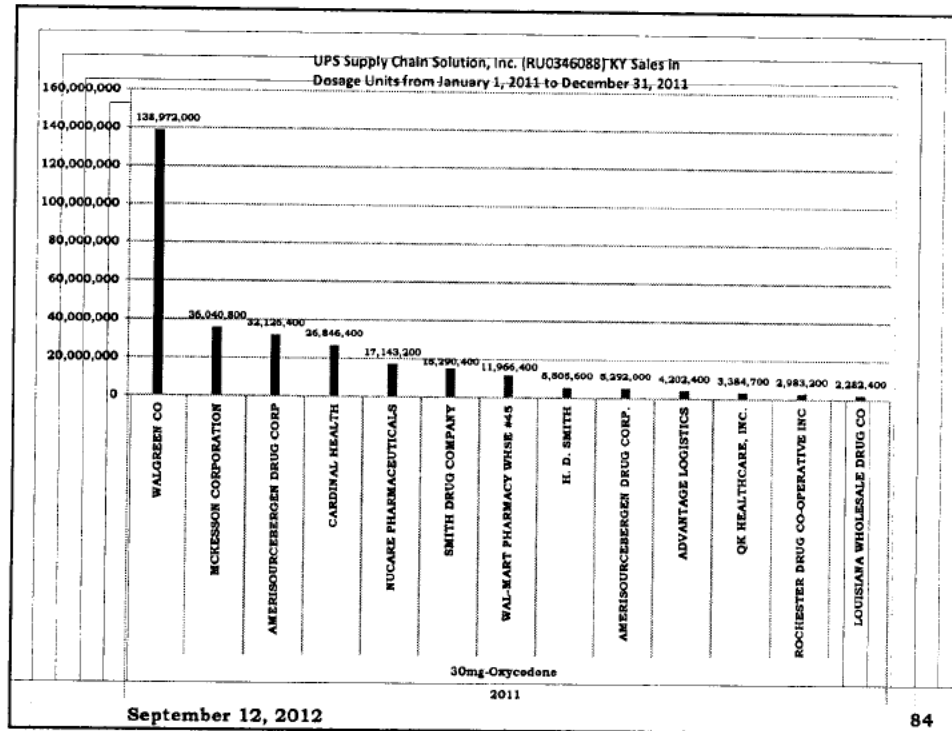
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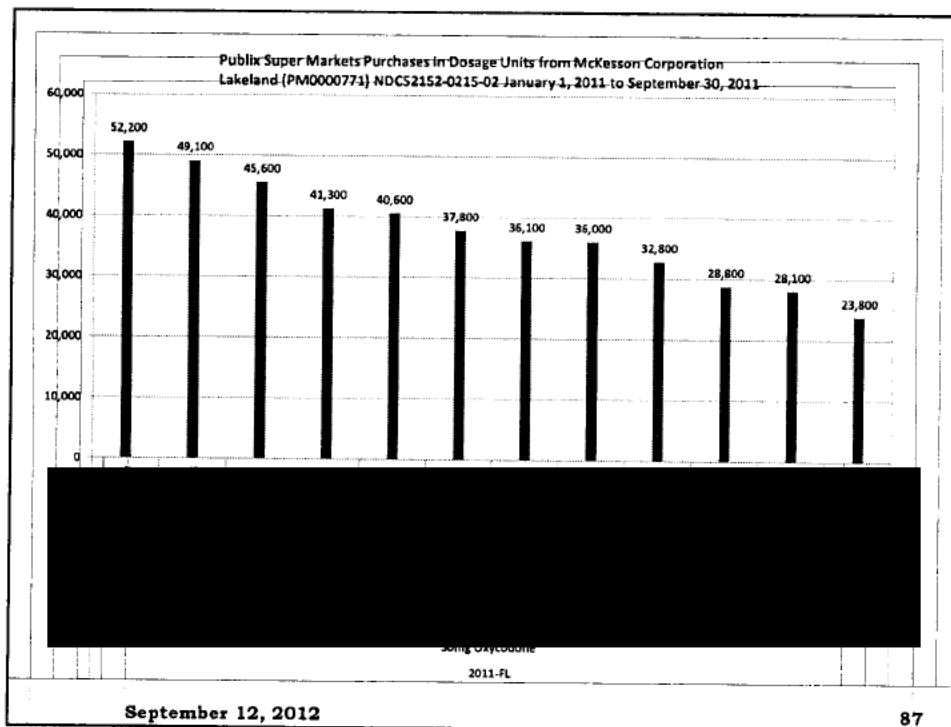
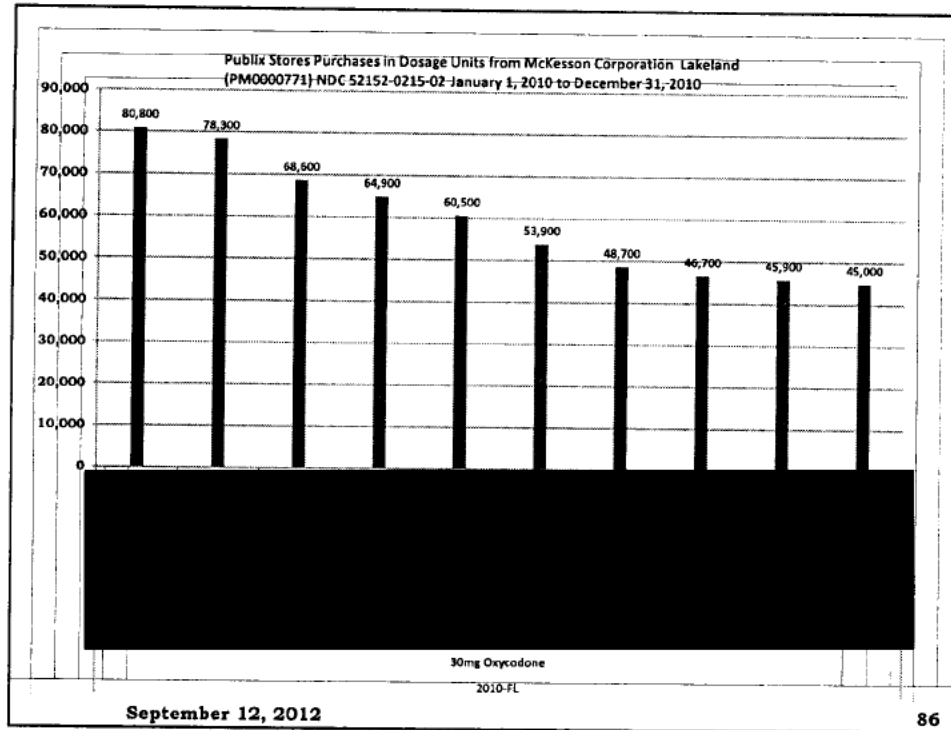


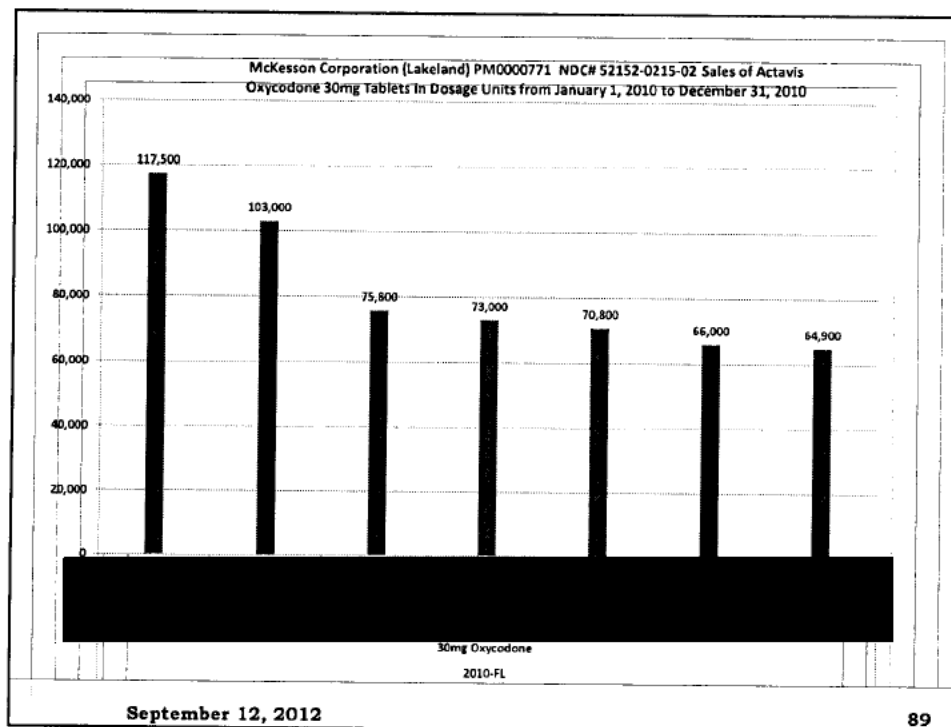
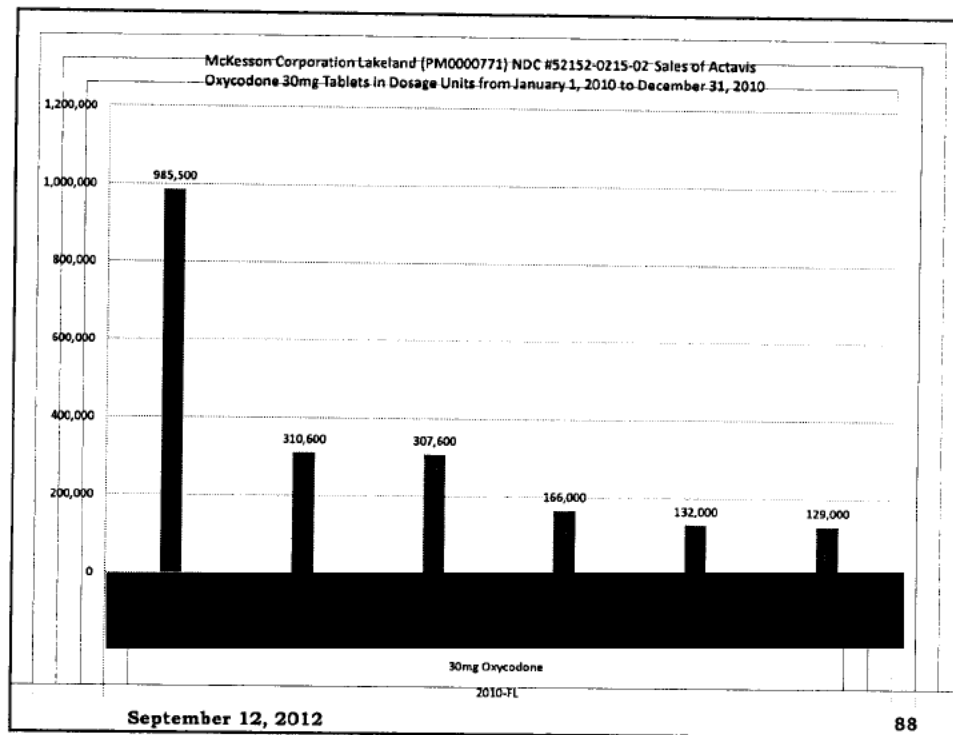


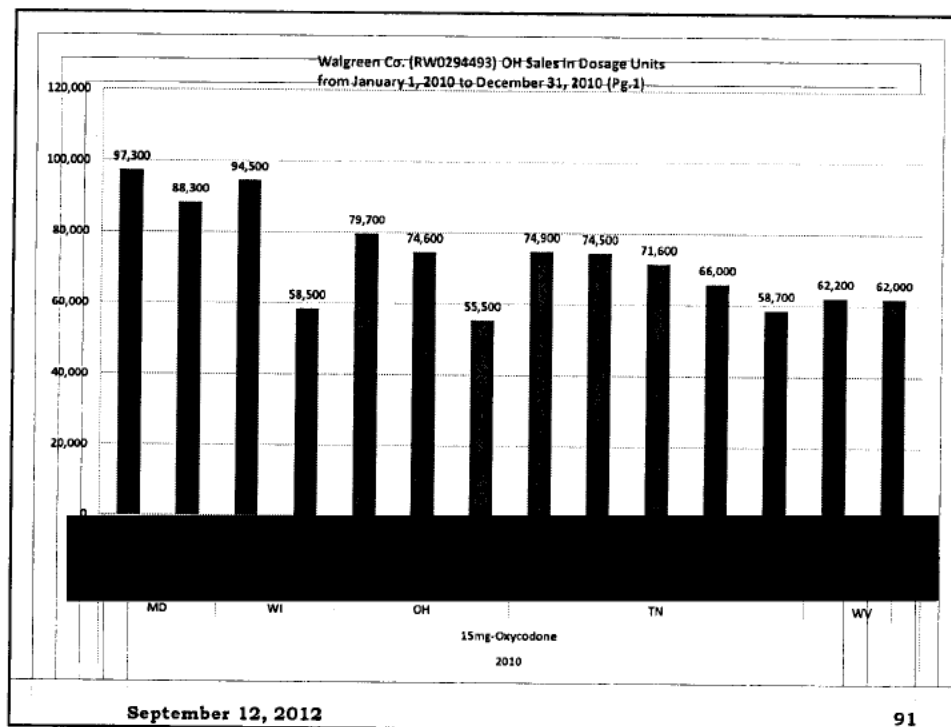
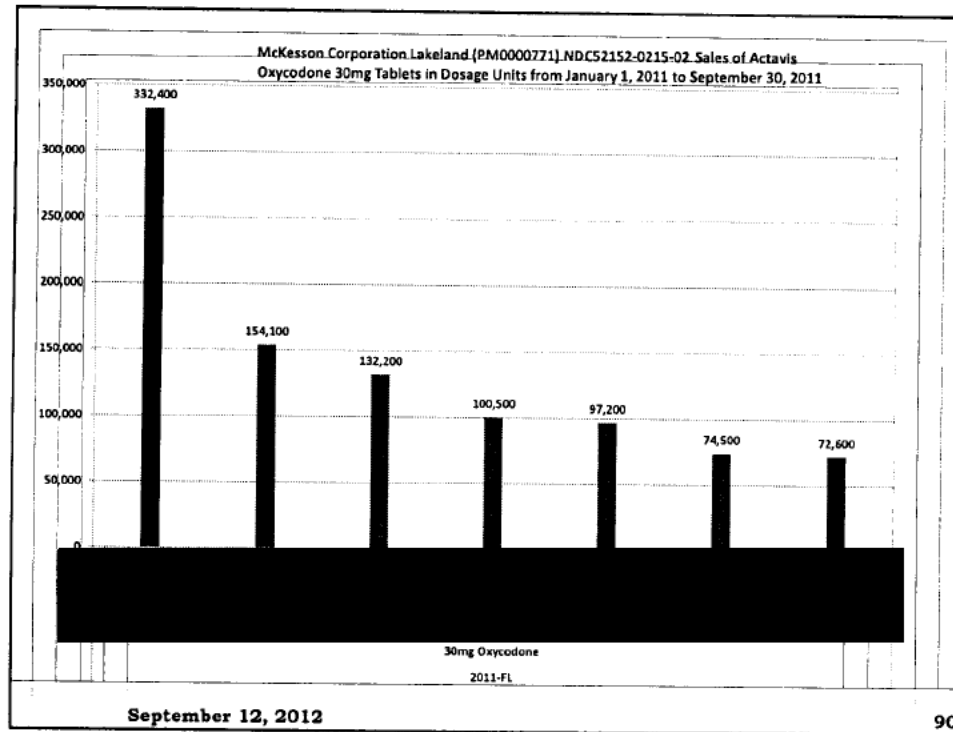


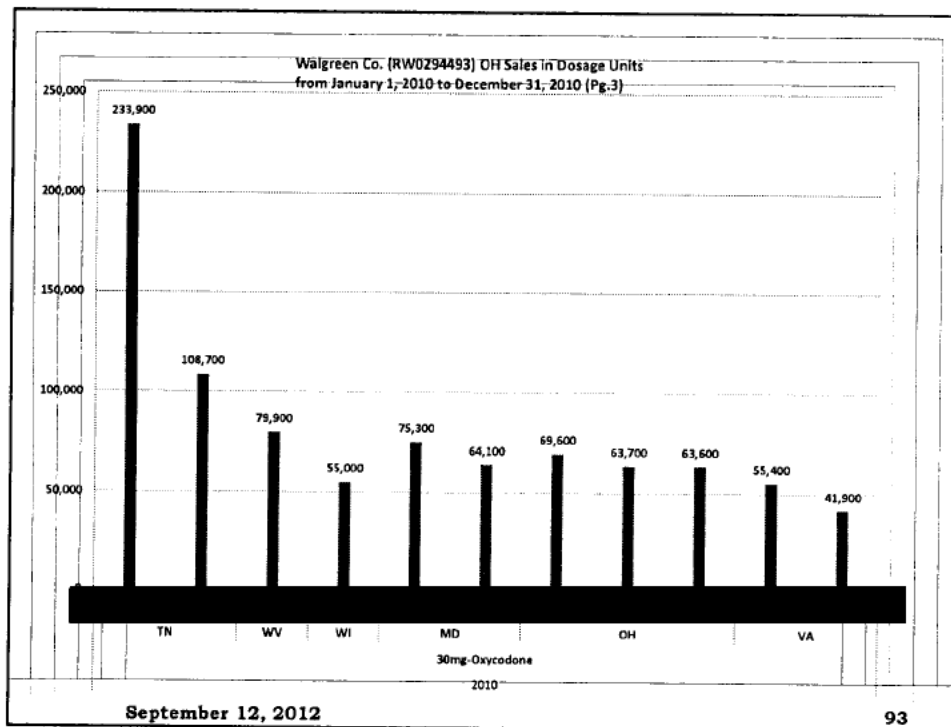
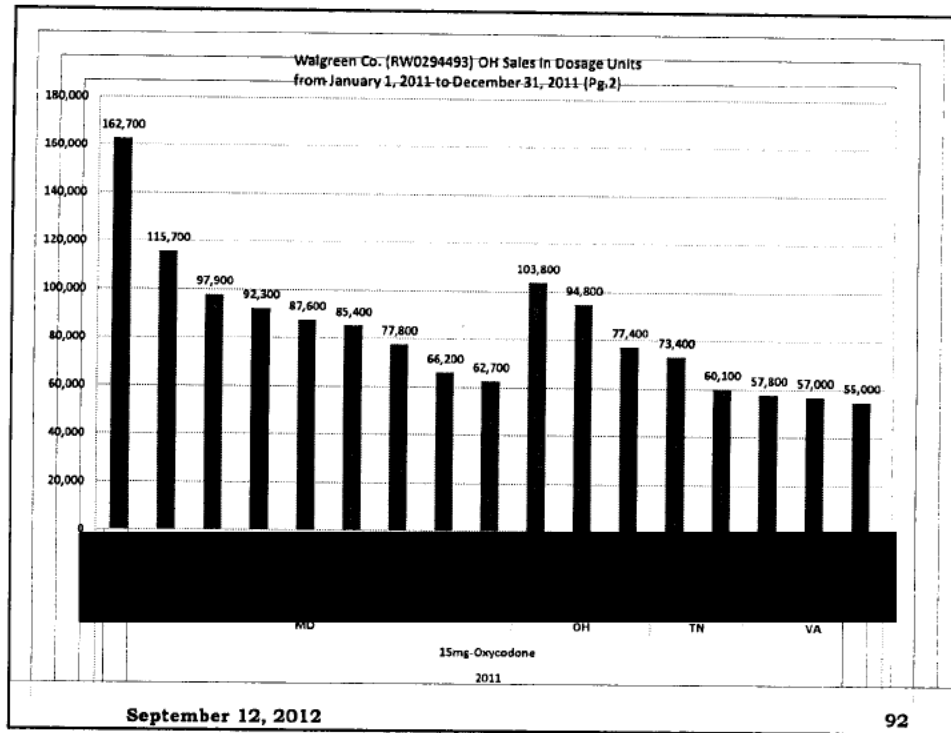


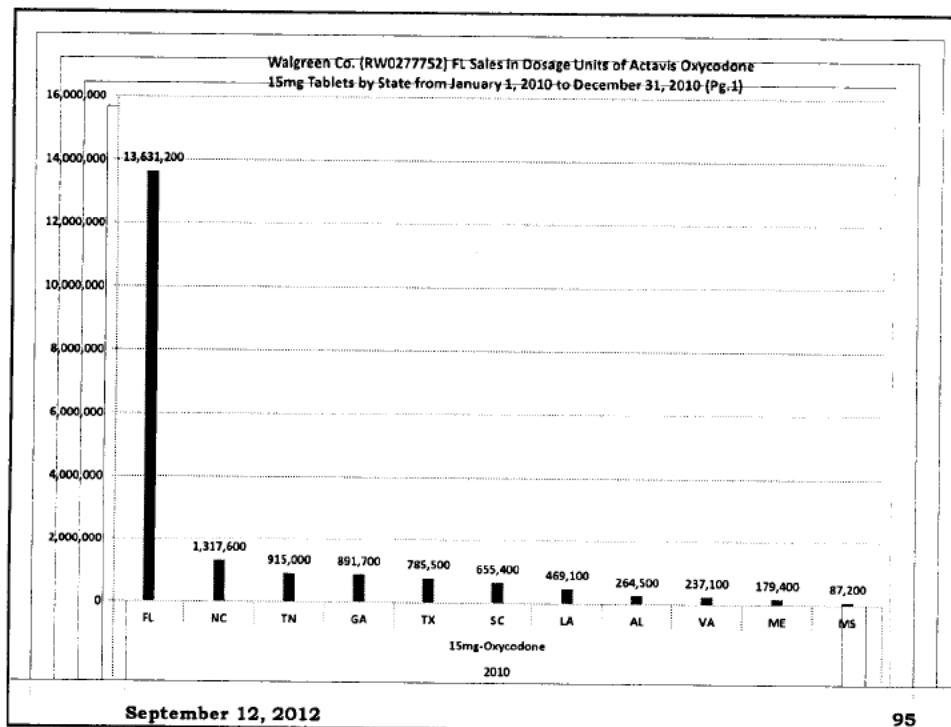
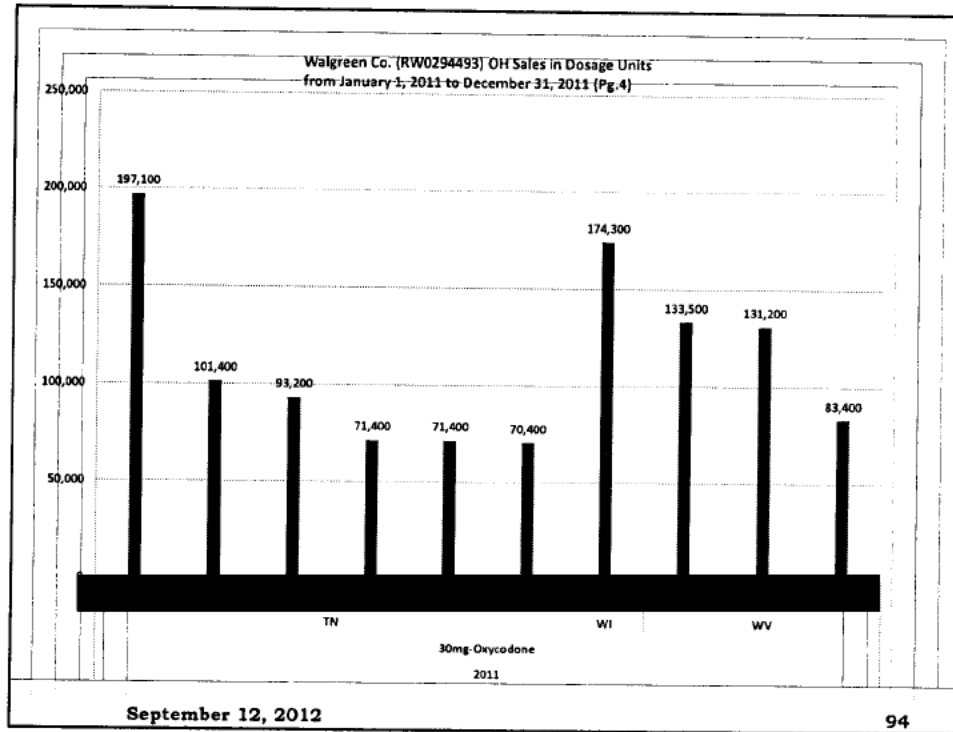


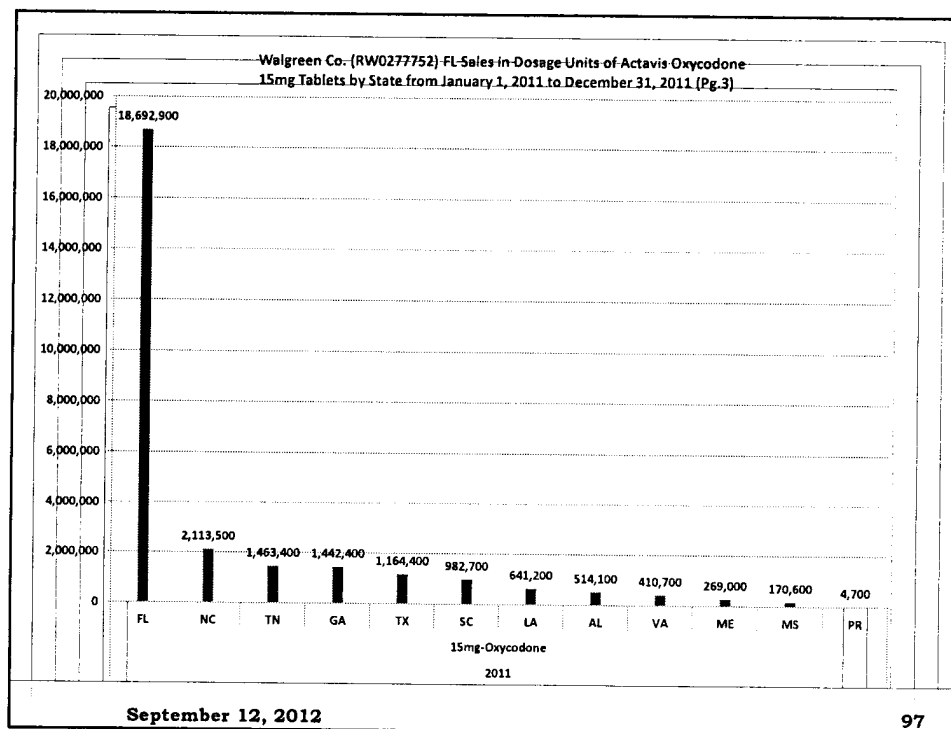
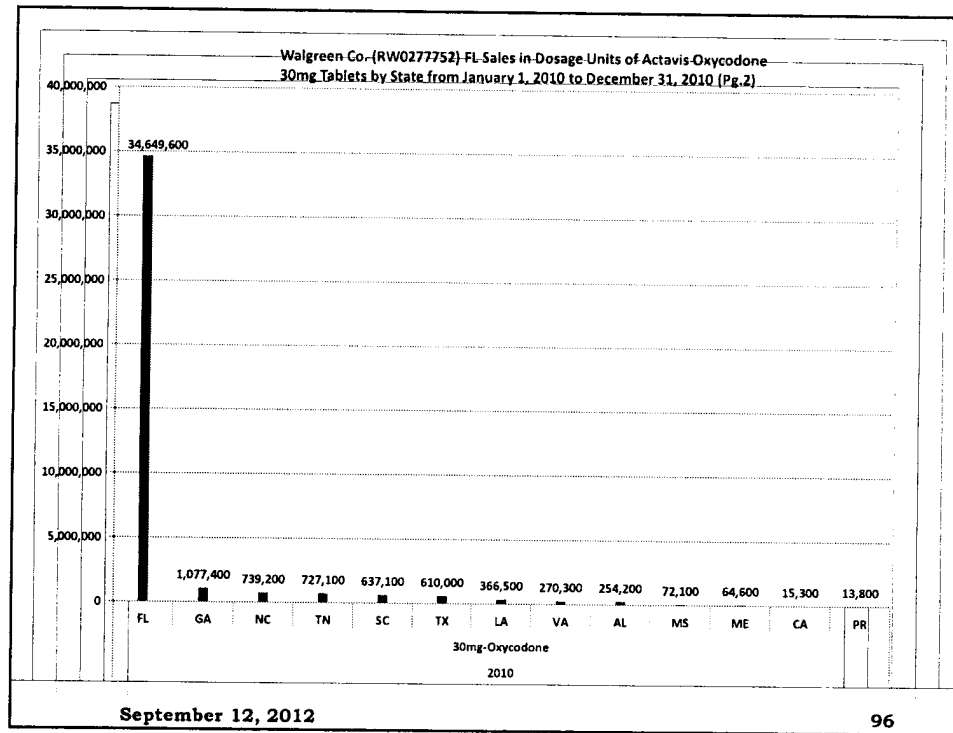


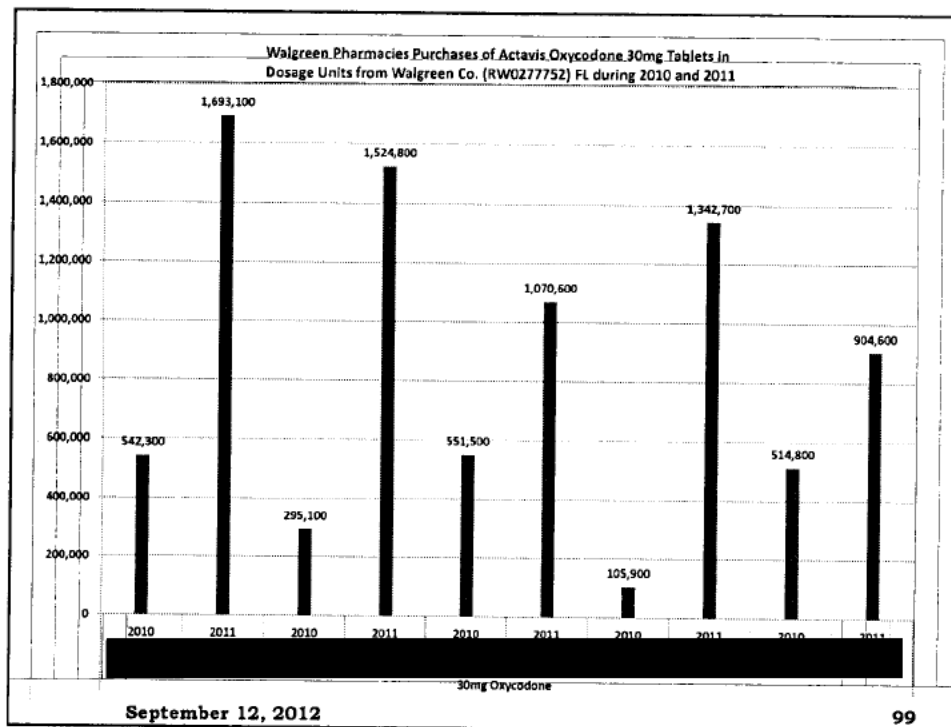
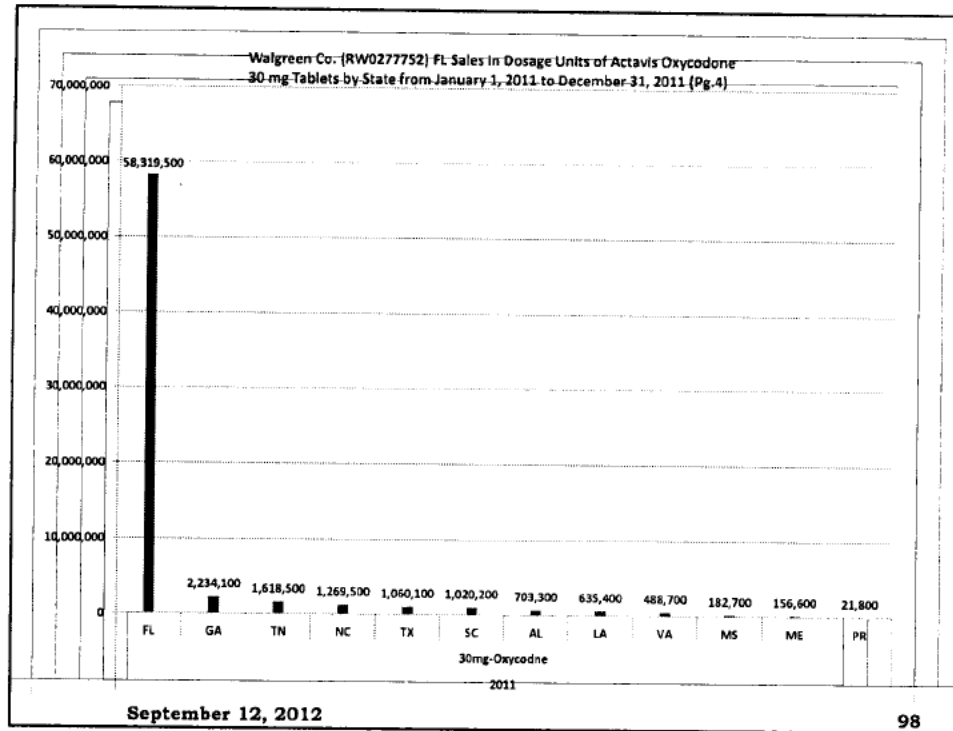


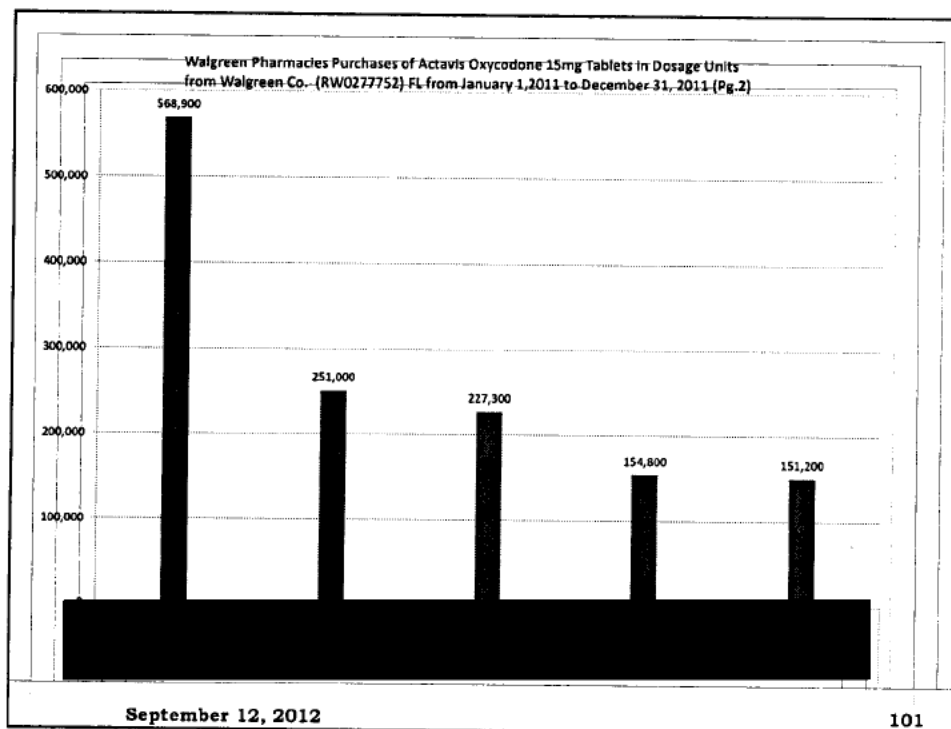
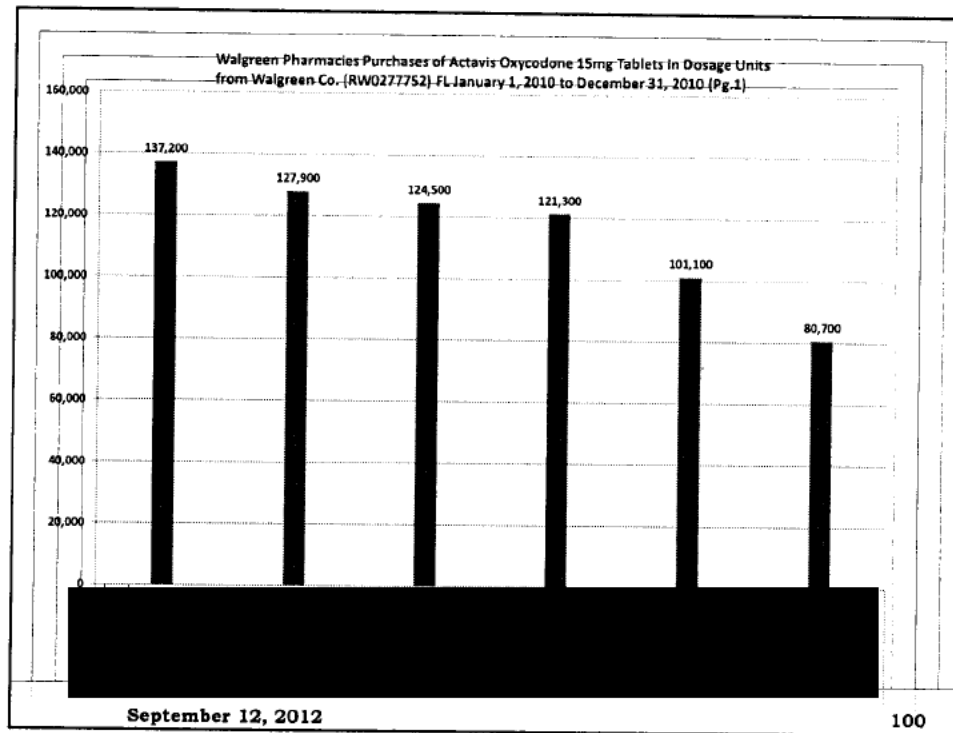


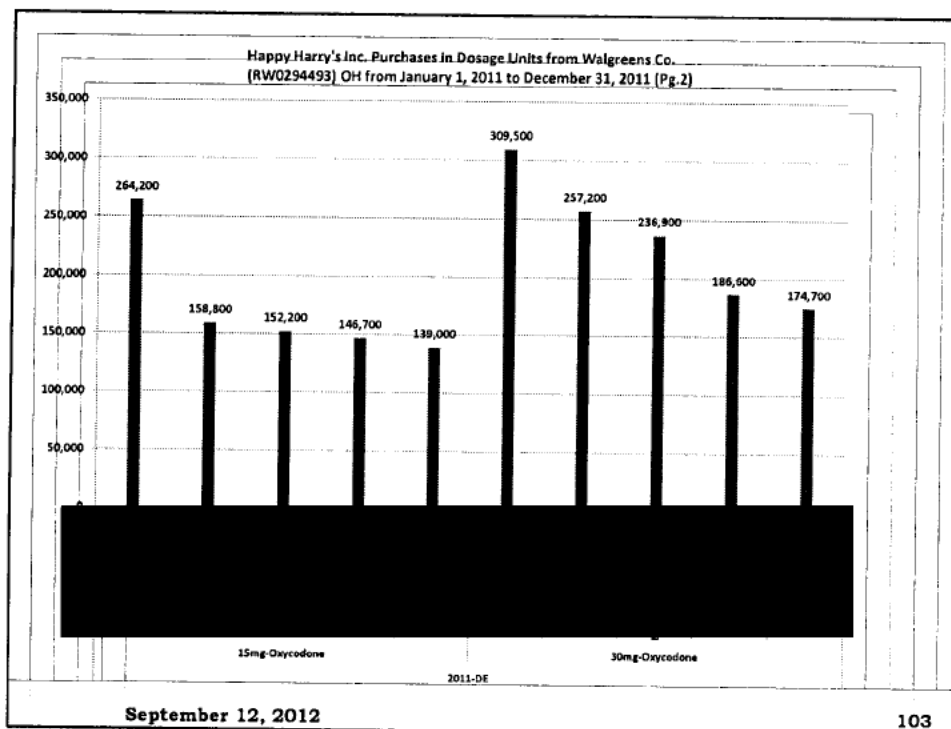
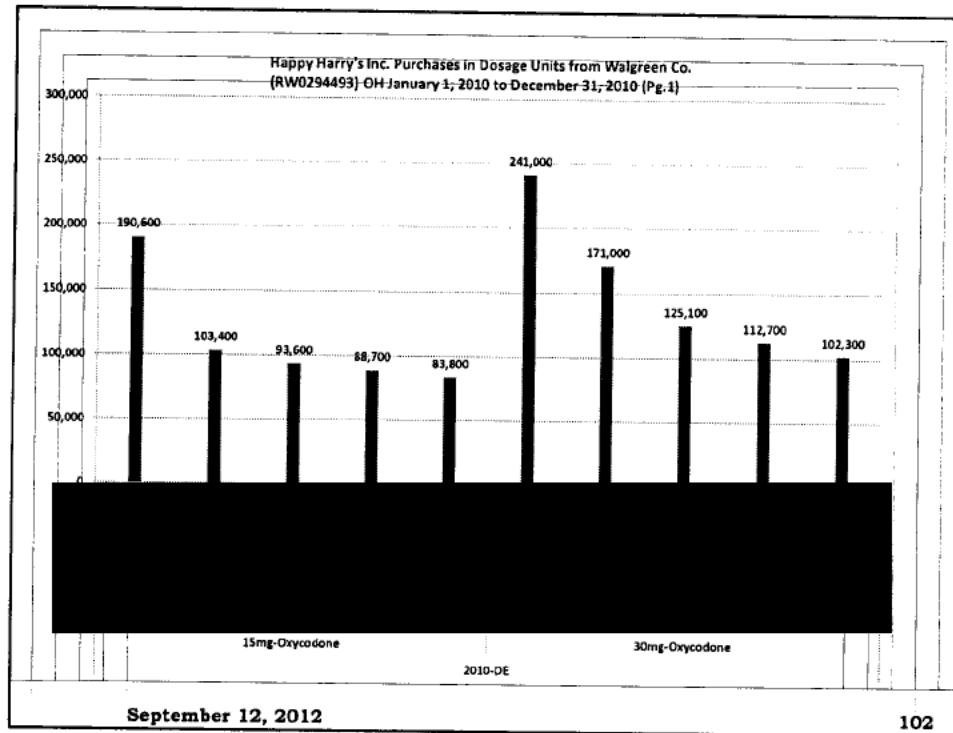












Suggested Questions a Distributor should ask prior to shipping controlled substances.

This list of questions is not intended to be all inclusive nor should it be interpreted that every situation or registrant activity is covered. This questionnaire is provided to assist the distributor to formulate a better understanding of who their customers are and whether or not they should sell to them controlled substances. It is incumbent upon you, the distributors, to ensure that sales to your customers are for legitimate purposes. It is further incumbent upon you to identify illicit or suspicious activities which may result in the diversion of controlled substances.

The use of this questionnaire should not be construed in any manner to be a mechanism or means that you have fully met the criteria and actions required by 21 USC 823 or other state and federal laws that are applicable.

Possible questions for a pharmacy:

- Does the pharmacy fill prescriptions via the Internet? If so, is the pharmacy registered with the DEA under the Ryan Haight Act?
- Is this a mail order pharmacy (fills prescriptions for insurance, etc.)?
Note: A pharmacist may claim to be mail order pharmacy but may actually be operating as an Internet pharmacy. Do not accept the response to this question at face value.
- Is the pharmacy licensed in all states for which it mails or fills prescriptions?
- Does the pharmacy report to all states that have prescription monitoring programs in which their customers reside and to whom they dispense?
- Does the pharmacy provide services for any specialty customers such as Long Term Health Care, Hospice Centers, Assisted Care Living Facilities, etc.?
- Does the pharmacy have staff or a private firm that solicits practitioners to get more business?
- What is the pharmacy's ratio of controlled vs. non-controlled orders?
- Does the pharmacy order a full variety of controlled substances and are they fairly evenly dispersed? If not, why the disparity?
- What are the hours of operation of the pharmacy?
- Does the pharmacy offer a full assortment of sundries to its customers (e.g., aspirin, snacks, cosmetics, etc.)?
- Does the pharmacy have security guards on the premises? If so, why?
- What methods of payment does the pharmacy accept (cash, insurance, Medicaid, and in what ratios)?
- Who is the pharmacy's primary supplier?
- Does the pharmacy order from other suppliers as well? If so, why and what controlled substances?
- If this is a new account, why does the pharmacy want you to be their supplier?

- If you are not the only supplier, what controlled substances will the pharmacy be ordering from you, in what quantities, in what time frame, and will they be ordering these same products from other suppliers?
- What ratio will you be supplying compared to other suppliers?
- Does the pharmacy fill prescriptions for out of state customers? If so, for how many out of state customers does the pharmacy fill (ratio or approximate number)?
- If the pharmacy fills prescriptions for Pain Management or other specialty practitioners (diet, oncology, etc.), is the pharmacist comfortable with the prescribing practices of the practitioner?
- Has the pharmacist questioned or been uncomfortable with, the prescribing practices of any practitioner?
- Has the pharmacy ever refused to fill prescriptions for a practitioner? If so, why and who?
- Are there particular practitioners who constitute most of the prescriptions it fills? Who are these practitioners (Name and DEA registration number)?
- Does the pharmacy have any exclusive contracts, agreements, arrangements, etc., with any particular practitioner, business group, investors, etc.? If so, explain those arrangements and/or obtain copies of those agreements.
- Is the pharmacist comfortable enough with the prescribing practices of any or all practitioners for which they fill, to stake their professional livelihood on it?
- Does the pharmacy supply, order for, or sell to any practitioners or other pharmacies?
- How does the pharmacy sell/transfer controlled substances to other pharmacies or practitioners? Via a prescription, sales invoice, or DEA Form-222? (Transfer by prescriptions is not authorized).

Possible questions for a practitioner:

- What is the practitioner's specialty, if any (family practice, oncology, geriatrics, pain management, etc.)?
- Do the controlled substances being ordered correspond to his specialty or the treatment he provides?
- What method of payment does the practitioner accept (cash, insurance, Medicare) and what is the ratio of each?
- Has the practitioner ever been disciplined by any state or federal authority?
- How many patients does the practitioner see each day? What is his weekly average?
- Does the practitioner prescribe as well as dispense?
- Why does the practitioner prefer to dispense as opposed to prescribe?
- Who was the practitioner's previous supplier? Are they still ordering from this supplier? If not, why are they looking for a new supplier?
- Do the hours of operation and the facility accommodate the type of practice being conducted?
- Does the practitioner's office have security guards on-site? If so, why?

- Are all applicable state, federal, local licenses current and are they issued for the registered address at which the practitioner is practicing?
- Does the practitioner see out of state patients? If so,
 - From what states,
 - How many,
 - Approximate ratio of out of state compared to local, and
 - Why, specifically, they travel so far to see him?
- Can the practitioner provide a blank copy of an agreement which they enter into with a patient, specifying the course of treatment, the patient rights and responsibilities, and reasons for termination of treatment?
- Does the practitioner conduct random unannounced drug testing?
- What measures does the practitioner employ and/or monitor to prevent addiction and diversion of controlled substances?
- Are there more than one practitioner dispensing controlled substances from the registered location?
- Do you order for just yourself or for the whole clinic?
- What controlled substances are you currently dispensing? (If only one or two controlled substances are being ordered, have the practitioner fully explain why he administers or dispenses only these specific controlled substances).
- In what dosage levels is the practitioner dispensing (2 tablets, 4 times a day, for 30 days, or 90, 120, 240 a week, month).
- Does the practitioner prescribe as well as dispense to his patients?
- Does the practitioner prescribe the same controlled substances as were dispensed to the patient?
- How many patients is the practitioner presently treating (day, week, and month)?

Should you have any additional questions, concerns, or issues beyond what has been presented; it is strongly recommended you contact your local DEA Office.

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September 12, 2012

**NEW DATA REVEAL 400% INCREASE IN SUBSTANCE ABUSE TREATMENT
ADMISSIONS FOR PEOPLE ABUSING PRESCRIPTION DRUGS**
White House Bulletin

WASHINGTON - Today, Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), and Thomas McLellan, Deputy Director of ONDCP, joined Peter Delany, Director of Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Applied Studies, and Michele M. Leonhart, Acting Administrator of the Drug Enforcement Administration (DEA), to release a new study showing a 400 percent increase in substance abuse treatment admissions for prescription pain relievers. Governor Jack Markell of Delaware and Chris Kennedy Lawford were also in attendance.

The study, Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers 1998-2008, conducted by the SAMHSA, and based on the agency's Treatment Episode Data Set (TEDS) reveals a 400 percent increase between 1998 and 2008 of substance abuse treatment admissions for those aged 12 and over reporting abuse of prescription pain relievers. The increase in the percentage of admissions abusing pain relievers spans every age, gender, race, ethnicity, education, employment level, and region. The study also shows a more than tripling of pain reliever abuse among patients who needed treatment for opioid dependence.

"The TEDS data released today highlights how serious a threat to public health we face from the abuse of prescription drugs", said Gil Kerlikowske, National Drug Policy Director. "The spikes in prescription drug abuse rates captured by this study are dramatic, pervasive, and deeply disturbing."

"The non-medical use of prescription pain relievers is now the second-most prevalent form of illicit drug use in the Nation, and its tragic consequences are seen in substance abuse treatment centers and hospital emergency departments throughout our Nation" said SAMHSA Administrator Pamela S. Hyde, J.D. "This public health threat demands that we follow the President's National Drug Control Strategy's call for an all-out effort to raise awareness of this risk and the critical importance of properly using, storing, and disposing of these powerful drugs."

"The data released today is alarming and shows the tremendous damage being caused by prescription drug abuse all across this country each and every day," said DEA Acting Administrator Michele M. Leonhart. "The effective enforcement of laws regulating the distribution of controlled substances, coupled with their lawful disposal are essential parts of a comprehensive strategy to reduce drug abuse. DEA is committed to being part of the solution, however it will take all of us working together to prevent the tragedies that inevitably come with drug abuse."

"This rise in prescription drug abuse is no surprise to the doctors and law enforcement professionals who see its effects in our communities," said Governor Markell. "We have been focused on making sure that health care professionals have the best tools

available to detect and prevent this kind of abuse before it ruins lives. Delaware's new legislation to authorize a prescription monitoring program is one of those tools and an important component of the President's National Drug Control Strategy."

"Our national prescription drug abuse problem cannot be ignored. I have worked in the treatment field for the last 35 years, and recent trends regarding the extent of prescription drug abuse are startling," said A. Thomas McLellan, Deputy Director of ONDCP. "We must work with prescribers, the pharmaceutical industry, law enforcement, and families to help us fight this scourge."

The National Drug Control Strategy, released in May, outlines several steps to address what Director Kerlikowske calls "the fastest-growing drug problem in the United States"-prescription drug abuse.

They include

- * Increasing prescription drug return, take-back, and disposal programs. Prescription drugs that are commonly abused are often found in the family medicine cabinet, and individuals should get rid of unused or expired prescription drugs to prevent diversion and abuse.
- * Educating physicians about opiate painkiller prescribing. The Administration's FY 2011 Budget request proposes funding for a program to train prescribers on how to instruct patients in the use and proper disposal of painkillers, to observe signs of dependence, and to use prescription drug monitoring programs to detect when an individual is going from doctor to doctor in search of prescriptions (also called "doctor shopping").
- * Expanding prescription drug monitoring programs. Currently, these programs are operating in 34 states. The Administration supports establishment of these programs in every state, and is seeking to ensure new and existing monitoring programs effectively use the data they acquire and share information across state lines.
- * Assisting states in addressing doctor shopping and pill mills. Criminal organizations have established thriving businesses of transporting people to states with little regulation to obtain prescription drugs from multiple doctors or from pill mills, which distribute drugs indiscriminately. Federal, state, local, and tribal authorities are working together to address this problem.
- * Driving illegal Internet pharmacies out of business.
- * Cracking down on rogue pain clinics that do not follow appropriate prescription practices.

The National Drug Control Strategy provides a blueprint for reducing prescription drug abuse. Parents, law enforcement, the medical community, and all levels of government have a role to play in reducing prescription drug abuse.

Later today, Director Kerlikowske will travel to Delaware to attend Governor Markell's bill signing for the Delaware Prescription Drug Monitoring Program.

U.S. can stop some drug sales at 2 CVS stores: judge

Tue, Mar 13 2012

WASHINGTON (Reuters) - The U.S. Drug Enforcement Administration can stop two CVS Caremark Corp pharmacies from selling potentially addictive drugs in a case involving suspected prescription drug abuse, a federal judge ruled on Tuesday.

U.S. District Judge Reggie Walton vacated a temporary restraining order that had blocked the Drug Enforcement Administration (DEA) from acting against the two Florida stores suspected of selling doses of the painkiller oxycodone outside legitimate channels.

Walton stayed his ruling until 10 a.m. (1500 GMT) on Wednesday to give CVS Caremark attorneys time to appeal. But the company appealed later on Tuesday. Further details were not immediately available.

CVS Caremark had asked the judge to impose a preliminary injunction that could have blocked the DEA from taking action until an administrative law judge decided the matter later this year.

Walton said he could find no reason to believe the CVS argument that DEA had acted in an "arbitrary and capricious" manner in ordering sales suspended or that remedial steps taken by CVS were sufficient.

"We are disappointed with today's ruling," CVS said in a statement. "Regardless of today's outcome, we remain committed to working with the DEA to do everything we can to reduce prescription drug abuse."

The litigation stems from the DEA's battle against prescription drug abuse, which has surged in the United States to eclipse abuse of most illicit drugs including heroin and cocaine.

The DEA said in court documents that about 7 million Americans abuse pharmaceuticals made with controlled substances for purposes not related to medicine and that Florida is the center of the growing epidemic.

The federal agency cited state statistics showing a 346 percent increase in overdose deaths related to oxycodone from 2005 to 2010, and an average 11 deaths per day from oxycodone, methadone, hydrocodone, benzodiazepines or morphine.

In a case related to the CVS ruling, Walton last month allowed the DEA to suspend Cardinal Health Inc's license to distribute controlled substances from a Florida facility that serves about 2,700 drug stores or hospitals.

The ruling was later blocked temporarily by a U.S. appeals court. Walton said he expected the appeals court to take the same action on CVS.

The CVS stores are two of four Cardinal customers that DEA has said were inappropriately filling oxycodone prescriptions.

A CVS attorney said the company had stopped oxycodone sales at the two pharmacies. But a Justice Department attorney said suspicious sales had involved other controlled substances.

The DEA charged that between January 2008 and December 2011 the two CVS stores purchased amounts of oxycodone far in excess of normal pharmacy volumes, ignored DEA warnings and addressed the issue only after the DEA acted.

A CVS attorney told the court that the volumes were not out of line for high-volume pharmacies that maintain 24-hour service and argued that remedial steps taken by CVS had eliminated any immediate danger to the community by the time the DEA ordered sales suspended in February.

The case is *Holiday CVS LLC v. Justice Department*, No. 12-00191.

(Reporting By David Morgan; Editing by Gary Hill)

**DEA: Oxycodone orders by pharmacies 20 times average
USA Today.com**

Two Florida CVS pharmacies ordered more than 3 million oxycodone pills in 2011, more than 20 times higher than the national average, DEA agents said Monday.

As part of a crackdown on rampant painkiller abuse in Florida, the Drug Enforcement Administration charged a major health care company and the two CVS pharmacies in Sanford, Fla., with violating their licenses to sell the powerful pain pills and other drugs.

"It's a tremendous amount, way beyond what would be for legitimate use," said Mark Trouville, DEA special agent in charge of the Miami Field Division. "We're not talking about a gray area here."

The average pharmacy in the United States ordered about 69,000 oxycodone pills in 2011, the DEA said. The two CVS pharmacies, located less than 6 miles apart, ordered 3 million.

It is the first time the DEA has suspended the license of a chain pharmacy in Florida for its alleged role in the state's prescription drug abuse problem, Trouville said. The DEA had previously targeted pain clinics known as "pill mills" where rogue doctors prescribe thousands of pain pills with only cursory examinations.

"This is absolutely not the end of this investigation," Trouville said. "We knew when we hit the pill mills that pharmacies would be the next issue. We just didn't know chain pharmacies would get into it."

CVS said it took steps with DEA's knowledge to stop filling prescriptions from doctors thought to be prescribing improperly.

"We informed a small number of Florida physicians that CVS/pharmacy will no longer fill the prescriptions they write for Schedule II narcotics," spokeswoman Carolyn Castel said in a written statement. "Distributions of oxycodone to the two Florida stores have decreased by approximately 80% in the last three months compared to the prior three months — we believe in large part due to our action."

On Friday, the DEA on suspended Cardinal Health's controlled substances license at its Lakeland, Fla., distribution center after linking it to high-volume orders of pain pills to four Florida pharmacies, including the two in Sanford. The distribution center services 2,500 pharmacies in Florida, Georgia and South Carolina.

A federal judge temporarily halted the suspension after Cardinal said it would stop supplying the drugs to the four pharmacies. A hearing on the suspension order was set for Feb. 13 in Washington, D.C.

Cardinal CEO George Barrett called the DEA action a "drastic overreaction" and said the company has "extensive processes" to prevent diversion of its pharmaceuticals for illegitimate use. Cardinal's internal controls have flagged more than 160 pharmacies in Florida and 350 pharmacies nationwide for "suspicious order patterns," he said.

"The needs of pharmacies are varied, and higher volumes can be appropriate based on a number of factors, including pharmacy size, hours of operation, patient demographics, and proximity to hospital and surgery centers, nursing homes, cancer clinics and hospice providers," Cardinal said in a statement.

DEA moves against two Florida pharmacies, distributor over pill sales
CNN.com

(CNN) -- Agents from the Drug Enforcement Administration raided two CVS pharmacies in central Florida over the weekend, removing controlled substances and suspending the stores' ability to handle or distribute drugs such as painkillers oxycodone and hydrocodone.

The DEA said that during one year, the two pharmacies -- both in Sanford, Florida -- ordered more than 3 million oxycodone units from a pharmaceutical wholesaler, while a typical pharmacy orders 69,000.

"Each registrant (pharmacy) was filling prescriptions far in excess of legitimate needs of its customers," said DEA Special Agent in Charge Mark Trouville during a press conference Monday in central Florida.

The DEA also has suspended the controlled-substance license of the wholesale distributor, Cardinal Health of Lakeland, Florida, according to Trouville.

"Cardinal Health did not fulfill its due diligence to insure controlled substances were not diverted into other than legitimate channels," Trouville said.

On Friday, Cardinal Health filed and received an emergency injunction from a federal judge in Washington allowing the drug supplier to continue filling orders for other pharmacies.

"We believe the DEA is wrong," said Cardinal Health Chairman and CEO George Barrett in a written statement.

"We strongly disagree with the allegations the DEA has made against our facility and intend to vigorously challenge this action," said Barrett.

The two Sanford pharmacies remain open filling regular prescriptions but they cannot fill prescriptions for controlled substances such as oxycodone, one form of which is the well-known narcotic OxyContin.

CVS said in a written statement that the company is disappointed by the DEA actions but is fully cooperating with the DEA suspension.

"CVS/pharmacy is unwavering in its compliance with and support of the measures taken by federal and state law enforcement officials to prevent drug abuse and keep controlled substances out of the wrong hands," said CVS spokesman Mike DeAngelis.

Hearings on the suspensions will be held but no date has been set.

Trouville said that since the state of Florida moved to crack down on "pill mills" by banning doctors from directly distributing controlled narcotics, pharmacy sales of controlled substances have skyrocketed.

DEA agents raid CVS pharmacies

BY ARELIS R. HERNÁNDEZ
Staff Writer

Federal drug authorities raided two CVS stores in Seminole County on Saturday, removing boxes of medication and other materials from the pharmacies.

CVS spokesman Michael DeAngelis said the raid was related to action a day earlier by the Drug Enforcement Agency against Cardinal Health, which has a drug-distribution center in Lakeland.

The DEA tried to suspend the license of Cardinal Health in order to stop the company from shipping drugs such as oxycodone and hydrocodone from the Lakeland center. But a judge blocked DEA's order.

In a statement released Friday, Cardinal, a billion-dollar pharmaceutical company, said it distributes drugs to more than 2,500 pharmacies in the Southeast, including four pharmacies listed in the DEA's order, that are accused of filling prescriptions for purposes other than for legitimate medical reasons.

Agents on Saturday first raided the CVS pharmacy at 3798 Orlando Drive in Sanford, and then removed boxes from another CVS pharmacy at 5198 W. First St. in Sanford.

About a dozen DEA agents worked for hours at each location packaging items from behind the pharmacy counter while CVS employees went about their business helping customers fill prescriptions.

"We are disappointed that the DEA has taken administrative action to prohibit two CVS/pharmacy stores in Florida from dispensing controlled substances," DeAngelis said in a statement Saturday.

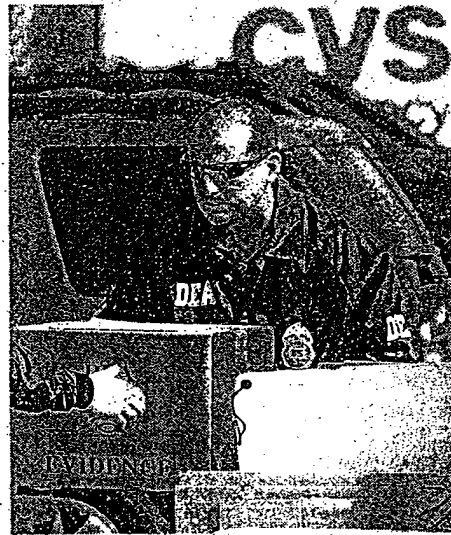
The raids come amid aggressive action by the DEA against businesses accused of dispensing suspicious prescriptions for powerful pain killers and anti-anxiety drugs.

Cardinal Health said it has cooperated with the agency and has stopped shipping to more than 160 Florida pharmacies in the past four years.

"We believe the DEA is wrong," Cardinal chairman and CEO George Barrett said in a statement. He added that the company has "extensive processes to help prevent those medicines from falling in the wrong hands."

CVS also defended its record, describing its compliance with state and federal law enforcement as "unwavering" in order "to prevent drug abuse and keep controlled substances out of the wrong hands."

More than two months ago, the com-



STEPHEN M. DOWELL/STAFF PHOTOGRAPHER

DEA special agent David Melenkevitz removes boxes of prescription painkillers from a Sanford CVS store Saturday.

pany sent a letter to a small group of Florida doctors telling them that they would no longer fill the prescriptions they write for painkillers and other addictive drugs.

"While we regret any inconvenience this may cause for our customers, we treat the dispensing of controlled substances with the utmost care and seriousness," CVS said in an email statement to the Orlando Sentinel last month.

At least one doctor on the list filed a defamation suit against CVS, saying the list falsely implied that the physician was acting unethically or illegally.

The pill-mill epidemic in Florida has prompted new laws and beefed-up law enforcement, which officials said last week is having a positive impact.

For example, sales of the painkiller oxycodone dropped 20 percent last year in Florida, the Drug Enforcement Administration said. And the number of powerful narcotic pills sold by Florida pharmacies and doctors dropped from 622 million in 2010 to 498 million last year.

CVS emphasized its role in that effort, saying oxycodone distribution at the two stores raided Saturday have "decreased by approximately 80 percent in the last three months compared to the prior three months — we believe in large part due to our action."

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DEA charges 2 Fla. pharmacies in pill mill probe

Drug wholesaler also under investigation

By Donna Leinwand Leger
USA TODAY

Federal authorities have expanded their crackdown on painkiller abuse, charging a major health care company and two CVS pharmacies in Florida with violating their licenses to sell powerful pain pills and other drugs.

The Drug Enforcement Administration linked Cardinal Health to unusually high shipments of the controlled drugs to four pharmacies.

On Friday, the DEA suspended Cardinal's controlled substances license at its Lakeland, Fla., distribution center, which services 2,500 pharmacies in Florida, Georgia and South Carolina.

A federal judge temporarily halted the suspen-

sion the same day after Cardinal, a \$13 billion company, said it would stop supplying the drugs to the four pharmacies. A hearing on the suspension order was set for Feb. 13 in Washington, D.C.

"We believe the DEA is wrong," CEO George Barrett said on the company's website.

The action comes as the DEA is cracking down on pill mills — rogue doctors and shady pharmacies that divert the highly addictive pills, such as oxycodone, to drug dealers.

"This is still an ongoing investigation," said DEA Special Agent David Melenkevitz, spokesman for the Miami Field Division. "We will be able to provide more information on Monday."

On Saturday, the DEA raided two CVS pharmacies in Sanford, Fla., and suspended their licenses to dispense controlled substances.

CVS said Saturday that it had taken steps with DEA's knowledge to stop filling prescriptions from doctors thought to be prescribing improperly.

"We informed a small number of Florida physi-

cians that CVS/pharmacy will no longer fill the prescriptions they write for Schedule II narcotics," spokeswoman Carolyn Castel said in a written statement. "Distributions of oxycodone to the two Florida stores have decreased by approximately 80% in the last three months compared to the prior three months — we believe in large part due to our action."

In its suspension order, the DEA alleges that Cardinal knew or should have known that the four retail pharmacies had purchased far more drugs than it needed to fulfill legitimate prescriptions.

The company called the DEA action a "drastic overreaction" that would disrupt delivery of critical medications to hospitals and pharmacies.

Cardinal has "extensive processes" to prevent diversion of its pharmaceuticals for illegitimate use, Barrett said. Cardinal's internal controls have flagged more than 160 pharmacies in Florida and 350 pharmacies nationwide for "suspicious order patterns," he said. Barrett said the DEA is holding

the company responsible for a part of the supply chain it does not control.

"At the time we filled these orders, the pharmacies held valid state board of pharmacy and DEA licenses," Barrett said in a call to investors Friday. "Pharmaceutical distributors do not influence the manufacture of controlled medicines. We do not write prescriptions. We do not dispense controlled medicines, nor do we license pharmacies. Our role is as a distributor, a critical link in the supply chain between pharmaceutical manufacturers and pharmacies."

Friday's action is the third time in five years the DEA has suspended Cardinal's controlled substances license. In November 2007, the DEA suspended the license for Cardinal's Auburn, Wash., distribution facility for selling 18 million hydrocodone pills in nine months to retail drugstores. The company sold 605,000 pills to one store in Burlington, Wash., over a seven-month period, the DEA said.

Cardinal Health settles drug distribution case

USA Today

May 16, 2012

The DEA suspended Cardinal Health, the country's second largest drug distributor, from selling and shipping powerful painkillers and other drugs from its Lakeland, Fla., facility for two years as part of a settlement reached Tuesday.

The Drug Enforcement Administration sought to revoke Cardinal's license in February, accusing the company of selling excessive amounts - more than 12 million oxycodone pain pills - to four Florida pharmacies over three years. The DEA said the company did not report suspicious orders or visit the chain pharmacies that purchased large amounts of the drugs.

The DEA also suspended controlled substances licenses for two CVS pharmacies in Sanford, Fla., which purchased millions of oxycodone pills from Cardinal. A judge is expected to rule on the CVS case this month.

"Cardinal Health is not above the law," said Joe Rannazzisi, DEA deputy assistant administrator. "With this agreement, it admits that it neglected its vital responsibility to prevent the diversion of controlled substance medications."

While the agreement resolves the licensing issue, the DEA said it may pursue civil penalties, including fines, against the company. The Dublin, Ohio-based company had revenue of more than \$100 billion in 2011.

This is the second time the DEA has taken action against Cardinal. In 2008, Cardinal paid a \$34 million fine after the DEA accused it of shipping excessive amounts of hydrocodone, another powerful painkiller, to Internet pharmacies. As part of that settlement, the DEA suspended licenses at three distribution facilities for a year.

Cardinal admitted Tuesday it had "inadequate" control over some of its controlled drugs and had not fully complied with the 2008 agreement.

"This agreement allows us to put this matter behind us, and just as important, will clear the way for a more productive dialogue about how we and others in the health care and regulatory community can work together to prevent the abuse and misuse of prescription drugs," Cardinal CEO George Barrett said.

The five-year agreement applies to all 28 of Cardinal's distribution facilities and requires the company to review orders for the controlled drugs, visit pharmacies to look for signs of diversion and hire extra field inspectors for Florida pharmacies.

The Lakeland facility can still distribute non-controlled drugs and medical supplies.

Cardinal Plant Can't Ship Pain Pills

Wall Street Journal

A U.S. appeals court ruled Friday that a Cardinal Health Inc. distribution hub in Florida can't ship prescription painkillers while the company battles a Drug Enforcement Administration move to suspend that facility's license.

While the appeals court recently issued a stay of the DEA's enforcement efforts against Cardinal's Lakeland, Fla., facility, the court Friday said Cardinal hasn't met the "stringent requirements for an injunction." The decision means the Lakeland facility can't ship controlled substances until the appeal is sorted out.

Cardinal, based in Dublin, Ohio, said it activated contingency plans earlier this month "and will continue to endeavor to meet our customers' needs with minimal disruption from our other distribution centers."

The contingency plans involve shipping controlled drugs to customers in the Southeast U.S. from alternative facilities in Mississippi or North Carolina. Analysts have said the plans could add transportation costs to Cardinal and delay deliveries.

The suspension of the DEA license means the Lakeland facility is blocked from shipping controlled medications like the pain drug oxycodone to thousands of pharmacies, hospitals and other health-care providers. Cardinal, the nation's No. 2 drug distributor by sales after McKesson Corp., can still ship noncontrolled medications, which include most prescription drugs, and supplies such as surgical packs.

The DEA also suspended last month the controlled-medication licenses of four Florida pharmacies, including two owned and operated by CVS Caremark Corp. CVS won a temporary, administrative stay on Wednesday to keep dispensing controlled medications after an appeals court denied the pharmacy chain's request for a preliminary injunction.

The DEA took action against the Lakeland facility last month while accusing Cardinal of not doing enough to stop oxycodone abuse. Cardinal has said that it supports the DEA's efforts but also disagreed that it wasn't doing enough.

A U.S. District Court Judge ruled in late February that the government acted properly in trying to cut off shipments of oxycodone from the Lakeland site. Cardinal appealed that ruling in the U.S. Court of Appeals for the District of Columbia Circuit.

DEA searches Fla. Walgreens in painkiller probe

CURT ANDERSON, AP Legal Affairs Writer

Updated 3:01 p.m., Friday, April 6, 2012

MIAMI (AP) — Federal drug agents have searched six Walgreens pharmacies and a company distribution center in Florida as part of an investigation into prescription painkiller drug abuse, U.S. Drug Enforcement Administration officials said Friday.

The distribution center in Jupiter and the six pharmacies — two in Fort Pierce and one each in Hudson, Port Richey, Fort Myers and Oviedo — all showed signs of suspiciously high distribution of the highly addictive drug oxycodone, a DEA investigator wrote in an affidavit for the search warrants.

Such large amounts, investigator Marjorie Milan wrote, indicates "a pharmacy that fills prescriptions issued by physicians at pain clinics and/or a pharmacy which services primarily drug-seeking individuals who abuse the medication."

The searches for pharmacy records conducted Wednesday are the latest in a crackdown by federal and state authorities on "pill mills" and other illegal sources of prescription drugs in Florida, which has become the nation's leading source of oxycodone and similar drugs. The DEA says that prescription drug abuse now exceeds abuse of all illegal drugs combined, except marijuana.

Michael Polzin, a spokesman for Deerfield, Ill.-based Walgreens, said it is cooperating in the investigation.

Earlier this year, the DEA moved to suspend the sale of similar controlled substances at two CVS pharmacies in the Orlando area, and the shipment of them from Cardinal Health Inc.'s Lakeland, Fla.-based center that supplied the stores. A federal appeals court recently upheld those suspensions.

DEA records cited in the Walgreens affidavit show sharp increases in oxycodone purchases at each of the locations. For example, the pharmacy in Fort Myers went from selling 95,800 units of oxycodone in 2009 to more than 2.1 million units in 2011 — good for 67 percent of all the oxycodone purchased by pharmacies in that same zip code in 2011.

In the first two months of this year, the DEA added, 53 Walgreens pharmacies are listed in the agency's top 100 purchasers of oxycodone. In 2009, none were on the list.

Earlier this year, the DEA released figures showing that Florida may be losing its distinction as the nation's leading illicit source for painkillers because of the ongoing law enforcement crackdown and several new laws. Florida also last year began operating a prescription drug tracking system and database aimed at combating illegal diversion of the drugs.

About 85 people, including at least 13 doctors, have been arrested in South Florida over the past year on pill mill-related charges, according to federal prosecutors.

The DEA's prescription drug policy saves many lives

Wall Street Journal

By: Peter Bensinger and Robert L. DuPont

Scott Gottlieb's "The DEA's War on Pharmacies—and Pain Patients" (op-ed, March 23) hardly tells the true story of prescription drug abuse and the government's response. In the current Cardinal Health case, the Drug Enforcement Administration discovered numerous oxycodone transactions that greatly exceeded the "suspicious order" criteria in the law and were not halted or reported to the DEA. Cardinal Health was fined \$34 million in 2008 for similar violations.

Last July, the Florida legislature declared a public-health emergency—not because of a shortage of medicine, but because of increased overdose deaths caused by prescription opioids. Last year 25 distributors provided over 570 million dosage units of oxycodone in Florida alone, with Cardinal Health accounting for 25%.

Dr. Gottlieb thinks transferring DEA's responsibilities to the FDA would be a good idea, yet the FDA's record when it comes to regulating controlled substances is not good. In 1996, DEA asked FDA to schedule Soma (carisoprodol), a muscle relaxant abused by opiate addicts. In 2009, 13 years later, the FDA granted permission to schedule the drug. In 2004, the DEA asked the FDA to reschedule hydrocodone products (Vicodin, Lortab, etc.). The FDA responded four years later but did not agree to tighten the controls on what continues to be America's most frequently prescribed opioid associated with significant overdose deaths. A bill currently in Congress, if passed, will accomplish this long overdue action.

Prescription-drug overdose deaths now exceed U.S. motor-vehicle fatalities. The only federal agency that has confronted the unlawful diversion of these drugs is the DEA. Shifting regulatory control from the DEA to the FDA would accomplish nothing, but would add to the problem.

The DEA represents the unspoken interests of tens of thousands of victims harmed or killed each year by prescription drug abuse. The DEA's enforcement actions in Florida are clearly in the public interest, and its regulatory authority should not be diminished, but strongly supported.

Top 50 Pharmacies
Sales of Oxycodone 15mg (NDC 52152-0214-02)
2010

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			KNOX	KNOXVILLE	TN	37919	245,000
2			ANCHORAGE	ANCHORAGE	AK	99508	213,600
3			SUSSEX	SEAFORD	DE	19973	194,600
4			HILLSBOROUGH	TAMPA	FL	33613	177,300
5			BUCKS	BENSALEM	PA	19020	158,300
6			DAVIDSON	ANTIOCH	TN	37013	150,000
7			BROWARD	FORT LAUDERDALE	FL	33309	148,000
8			MANATEE	BRADENTON	FL	34202	145,900
9			CABELL	HUNTINGTON	WV	25701	145,400
10			BREVARD	PALM BAY	FL	32905	138,000
11			SUSSEX	MILFORD	DE	19963	136,100
12			SAINT LUCIE	FORT PIERCE	FL	34981	127,900
13			ORANGE	ORLANDO	FL	32819	126,600
14			MARICOPA	TEMPE	AZ	85284	125,500
15			SEMINOLE	CASSELBERRY	FL	32730	125,500
16			LEE	FORT MYERS	FL	33907	124,100
17			BROWARD	FORT LAUDERDALE	FL	33314	117,400
18			WESTMORELAND	IRWIN	PA	15642	110,200
19			BROWARD	FORT LAUDERDALE	FL	33317	108,700
20			NEW CASTLE	BEAR	DE	19701	103,400
21			SARASOTA	SARASOTA	FL	34233	101,100
22			ORANGE	ORLANDO	FL	32806	99,500
23			STRAFFORD	ROCHESTER	NH	03867	99,000
24			CALVERT	PRINCE FREDERICK	MD	20678	98,900
25			JOHNSON	LENEXA	KS	66215	97,600
26			ORANGE	ORLANDO	FL	32819	96,500
27			GREENVILLE	GREENVILLE	SC	29605	94,700
28			MILWAUKEE	MILWAUKEE	WI	53222	94,500
29			SUSSEX	LEWES	DE	19958	93,600
30			BALTIMORE	PARKVILLE	MD	21234	91,500
31			MANATEE	BRADENTON	FL	34205	90,600
32			SURRY	ELKIN	NC	28621	89,300
33			BERNALILLO	ALBUQUERQUE	NM	87108	88,800
34	BH9874151		NEW CASTLE	NEWARK	DE	19713	88,700

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
35			NEW CASTLE	NEW CASTLE	DE	19720	87,600
36			MANATEE	BRADENTON	FL	34207	86,300
37			SUSSEX	LAUREL	DE	19956	86,000
38			SAINT LOUIS	SAINT LOUIS	MO	63134	85,700
39			PASCO	HUDSON	FL	34667	84,300
40			BROWARD	HALLANDALE	FL	33009	82,600
41			PALM BEACH	LAKE WORTH	FL	33460	82,500
42			ORANGE	WINTER PARK	FL	32789	82,200
43			SAINT LUCIE	PORT SAINT LUCIE	FL	34952	82,000
44			ASHTABULA	ASHTABULA	OH	44004	81,700
45			SULLIVAN	KINGSPORT	TN	37660	81,600
46			MATANUSKA SUSITNA	WASILLA	AK	99654	81,400
47			SUSSEX	MILLSBORO	DE	19966	81,200
48			MARICOPA	GLENDALE	AZ	85308	80,400
49			SALT LAKE	SALT LAKE CITY	UT	84118	79,400
50			HENDERSON	HENDERSONVILLE	NC	28792	79,200

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 52152-0215-02)
2010

Rank	Buyer's DEA	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
		KNOX	KNOXVILLE	TN	37919	1,360,800
		BROWARD	FORT LAUDERDALE	FL	33309	1,079,100
		BROWARD	HOLLYWOOD	FL	33026	970,400
		BROWARD	FORT LAUDERDALE	FL	33321	792,400
		HILLSBOROUGH	TAMPA	FL	33615	653,400
		ORANGE	ORLANDO	FL	32837	618,600
		PASCO	PORT RICHEY	FL	34668	559,700
		SEMINOLE	CASSELBERRY	FL	32730	543,500
		PASCO	HUDSON	FL	34667	542,300
1		SAINT LUCIE	FORT PIERCE	FL	34981	517,700
1		BROWARD	FORT LAUDERDALE	FL	33317	492,000
1		ORANGE	ORLANDO	FL	32806	470,600
1		MIDDLESEX	EAST BRUNSWICK	NJ	08816	447,200
1		HILLSBOROUGH	TAMPA	FL	33613	405,400
1		HILLSBOROUGH	TAMPA	FL	33609	379,300
1		KNOX	KNOXVILLE	TN	37917	362,900
1		BROWARD	POMPANO BEACH	FL	33064	359,200
1		PINELLAS	LARGO	FL	33771	352,700
1		BROWARD	FORT LAUDERDALE	FL	33312	349,200
2		PINELLAS	LARGO	FL	33771	335,700
2		PALM BEACH	BOCA RATON	FL	33428	332,800
2		BROWARD	FORT LAUDERDALE	FL	33314	322,800
2		SARASOTA	SARASOTA	FL	34233	319,200
2		HILLSBOROUGH	TAMPA	FL	33615	318,100
2		SUFFOLK	SELDEN	NY	11784	315,600
2		PALM BEACH	BOCA RATON	FL	33431	314,300
2		PALM BEACH	WELLINGTON	FL	33414	313,900
2		MIDDLESEX	OLD BRIDGE	NJ	08857	313,800
2		MAUI	KAHULUI	HI	96732	312,600
3		HILLSBOROUGH	SEFFNER	FL	33584	310,300
3		OSCEOLA	KISSIMMEE	FL	34744	300,400
3		ORANGE	ORLANDO	FL	32812	298,900
3		LEE	FORT MYERS	FL	33907	295,100

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
34			BROWARD	HOLLYWOOD	FL	33024	294,100
35			SAINT LUCIE	PORT SAINT LUCIE	FL	34952	291,000
36			PALM BEACH	LAKE WORTH	FL	33467	287,400
37			BROWARD	HOLLYWOOD	FL	33021	286,300
38			ORANGE	OCOE	FL	34761	282,400
39			BREVARD	PALM BAY	FL	32905	277,700
40			SARASOTA	SARASOTA	FL	34233	277,300
41			POLK	LAKELAND	FL	33803	272,900
42			ORANGE	ORLANDO	FL	32822	262,500
43			PALM BEACH	BOYNTON BEACH	FL	33436	256,500
44			MARTIN	STUART	FL	34994	254,400
45			MONMOUTH	KEANSBURG	NJ	07734	251,500
46			ORANGE	ORLANDO	FL	32819	251,400
47			BROWARD	FORT LAUDERDALE	FL	33309	250,600
48			PINELLAS	LARGO	FL	33771	249,500
49			BROWARD	FORT LAUDERDALE	FL	33334	245,200
50			BROWARD	DEERFIELD BEACH	FL	33442	245,000

Top 50 Pharmacies
Sales of Oxycodone 15mg (NDC 52152-02/4-02)
2011

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			LEE	FORT MYERS	FL	33907	411,100
2			SUSSEX	SEAFORD	DE	19973	148,000
3			SAINT LOUIS	SAINT LOUIS	MO	63134	131,800
4			SEMINOLE	OVIEDO	FL	32765	128,300
5			PASCO	HUDSON	FL	34667	127,800
6			ALLEGHENY	OAKMONT	PA	15139	122,000
7			CALVERT	PRINCE FREDERICK	MD	20678	121,400
8			SUSSEX	MILFORD	DE	19963	110,600
9			SAINT LUCIE	FORT PIERCE	FL	34981	109,800
10			LEE	BONITA SPRINGS	FL	34135	109,300
11			SUSSEX	MILFORD	DE	19963	106,300
12			WESTMORELAND	IRWIN	PA	15642	106,200
13			FRANKLIN	COLUMBUS	OH	43207	105,600
14			ANCHORAGE	ANCHORAGE	AK	99508	105,600
15			LIVINGSTON	DENHAM SPRINGS	LA	70726	101,200
16			SEMINOLE	CASSELBERRY	FL	32730	99,000
17			BREVARD	PALM BAY	FL	32905	98,900
18			MARICOPA	PHOENIX	AZ	85037	96,400
19			CECIL	ELKTON	MD	21921	94,500
20			SAINT LUCIE	PORT SAINT LUCIE	FL	34952	93,200
21			PASCO	PORT RICHEY	FL	34668	92,200
22			SEBASTIAN	FORT SMITH	AR	72901	86,700
23			RALEIGH	BECKLEY	WV	25801	86,300
24			SEMINOLE	OVIEDO	FL	32765	83,900
25			GREENVILLE	GREENVILLE	SC	29605	83,800
26			ORANGE	ORLANDO	FL	32807	81,800
27			CABELL	HUNTINGTON	WV	25701	81,600
28			MARICOPA	GLENDALE	AZ	85308	79,900
29			KNOX	KNOXVILLE	TN	37919	79,200
30			NEW CASTLE	BEAR	DE	19701	79,100
31			MILWAUKEE	MILWAUKEE	WI	53222	78,300
32			MANATEE	BRADENTON	FL	34202	77,600
33			KENT	DOVER	DE	19904	77,500
34			RALEIGH	BECKLEY	WV	25801	76,500

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
35			MANATEE	BRADENTON	FL	34207	76,500
36			MANATEE	BRADENTON	FL	34207	76,500
37			MANATEE	BRADENTON	FL	34207	76,500
38			MANATEE	BRADENTON	FL	34207	76,500
39			MANATEE	BRADENTON	FL	34207	76,500
40			MANATEE	BRADENTON	FL	34207	76,500
41			MANATEE	BRADENTON	FL	34207	76,500
42			MANATEE	BRADENTON	FL	34207	76,500
43			MANATEE	BRADENTON	FL	34207	76,500
44			MANATEE	BRADENTON	FL	34207	76,500
45			MANATEE	BRADENTON	FL	34207	76,500
46			MANATEE	BRADENTON	FL	34207	76,500
47			MANATEE	BRADENTON	FL	34207	76,500
48			MANATEE	BRADENTON	FL	34207	76,500
49			MANATEE	BRADENTON	FL	34207	76,500
50			MANATEE	BRADENTON	FL	34207	76,500

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 00228-2879-11)
2011

Rank	Buyer's DEA	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1		KNOX	KNOXVILLE	TN	37919	851,200
2		SEMINOLE	OVEDO	FL	32765	817,400
3		PASCO	HUDSON	FL	34667	718,800
4		LEE	FORT MYERS	FL	33907	618,500
5		SAINT LUCIE	FORT PIERCE	FL	34981	439,900
6		SAINT LUCIE	PORT SAINT LUCIE	FL	34952	429,500
7		WASHINGTON	BOGALUSA	LA	70427	418,200
8		SAINT LUCIE	PORT SAINT LUCIE	FL	34952	404,800
9		KNOX	KNOXVILLE	TN	37932	356,800
10		SEBASTIAN	FORT SMITH	AR	72901	334,700
11		SEMINOLE	CASSELBERRY	FL	32730	308,400
12		CITRUS	HOMOSASSA	FL	34446	295,300
13		MARION	OCALA	FL	34482	295,000
14		PINELLAS	SAINT PETERSBURG	FL	33702	291,200
15		NEW YORK	NEW YORK	NY	10003	289,800
16		DUVAL	JACKSONVILLE	FL	32216	285,300
17		KNOX	KNOXVILLE	TN	37919	259,300
18		CITRUS	HOMOSASSA	FL	34446	247,100
19		MARTIN	STUART	FL	34997	244,900
20		PINELLAS	LARGO	FL	33771	228,400
21		BREVARD	PALM BAY	FL	32905	225,500
22		ORANGE	ORLANDO	FL	32812	217,400
23		MONMOUTH	KEANSBURG	NJ	07734	214,700
24		KNOX	KNOXVILLE	TN	37917	210,200
25		PALM BEACH	WEST PALM BEACH	FL	33404	209,800
26		PALM BEACH	BOCA RATON	FL	33428	208,000
27		SAINT LUCIE	FORT PIERCE	FL	34950	206,400
28		PALM BEACH	WELLINGTON	FL	33414	205,600
29		BUTLER	WEST CHESTER	OH	45069	204,600
30		SARASOTA	SARASOTA	FL	34233	202,700
31		BROWARD	FORT LAUDERDALE	FL	33309	201,900
32		ORANGE	ORLANDO	FL	32807	197,600
33		PINELLAS	SAINT PETERSBURG	FL	33712	196,500

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Buyer's Total
3			INDIAN RIVER	VERO BEACH	FL	32962	196,500
3			SEMINOLE	OVEDO	FL	32765	191,900
3			MIDDLESEX	EAST BRUNSWICK	NJ	08816	191,700
3			HILLSBOROUGH	TAMPA	FL	33614	190,700
3			DAVIDSON	NASHVILLE	TN	37211	188,800
3			MIDDLESEX	EAST BRUNSWICK	NJ	08816	185,000
4			PINELLAS	SAINT PETERSBURG	FL	33703	180,700
4			PINELLAS	SAINT PETERSBURG	FL	33709	178,900
4			SUSSEX	SEAFORD	DE	19973	178,600
4			PASCO	NEW PORT RICHEY	FL	34653	177,400
4			PINELLAS	SAINT PETERSBURG	FL	33707	177,400
4			CHARLOTTE	PORT CHARLOTTE	FL	33948	174,400
4			CLARK	LAS VEGAS	NV	89128	173,900
4			PINELLAS	LARGO	FL	33770	173,000
4			UNION	MAYNARDVILLE	TN	37807	171,700
4			BROWARD	HOLLYWOOD	FL	33021	171,600
5			JOHNSON	LENEXA	KS	66215	166,100

Top 50 Pharmacies
Sales of Oxycodone 15mg (NDC 00228-2878-11)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			MILWAUKEE	MILWAUKEE	WI	53222	132,200
2			ANCHORAGE	ANCHORAGE	AK	99508	127,600
3			RALEIGH	BECKLEY	WV	25801	105,800
4			SUSSEX	MILFORD	DE	19963	104,000
5			KNOX	KNOXVILLE	TN	37919	88,000
6			ALLEGHENY	OAKMONT	PA	15139	84,000
7			FLOYD	EASTERN	KY	41622	82,600
8			PASCO	HUDSON	FL	34667	81,800
9			ALLEGHENY	PITTSBURGH	PA	15202	81,600
10			MARICOPA	PHOENIX	AZ	85027	79,600
11			SARASOTA	SARASOTA	FL	34233	76,400
12			PROVIDENCE	WOONSOCKET	RI	02895	75,800
13			ANNE ARUNDEL	GLEN BURNIE	MD	21061	75,800
14			MILWAUKEE	MILWAUKEE	WI	53208	75,600
15			RALEIGH	BECKLEY	WV	25801	74,000
16			BALTIMORE	PARKVILLE	MD	21234	73,400
17			GREENVILLE	GREENVILLE	SC	29605	72,800
18			SUSSEX	SEAFORD	DE	19973	72,000
19			PUEBLO	PUEBLO	CO	81001	70,200
20			RALEIGH	BECKLEY	WV	25801	70,200
21			KNOX	KNOXVILLE	TN	37932	69,600
22			LAFAYETTE	LAFAYETTE	LA	70501	69,600
23			MATANUSKA SUSITNA	WASILLA	AK	99654	67,000
24			SUSSEX	GEORGETOWN	DE	19947	65,200

Top 50 Pharmacies
Sales of Oxycodone 15mg (NDC 00228-2878-11)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
25			MARICOPA	GLENDALE	AZ	85308	64,400
26			ORANGE	ORLANDO	FL	32819	64,000
27			DAVIDSON	ANTIOCH	TN	37013	63,400
28			MANATEE	BRADENTON	FL	34202	63,000
29			BALTIMORE CITY	BALTIMORE	MD	21224	63,000
30			CHARLOTTE	PORT CHARLOTTE	FL	33948	63,000
31			MONTGOMERY	BALA CYNWYD	PA	19004	62,400
32			HILLSBOROUGH	TAMPA	FL	33603	61,800
33			MARICOPA	AVONDALE	AZ	85392	58,600
34			LAKE	CLEARLAKE	CA	95422	58,200
35			BUCKS	LEVITTOWN	PA	19054	58,000
36			SANDOVAL	RIO RANCHO	NM	87124	58,000
37			CAMDEN	CHERRY HILL	NJ	08034	56,400
38			PUEBLO	PUEBLO	CO	81005	56,200
39			MILWAUKEE	MILWAUKEE	WI	53208	56,000
40			MATANUSKA SUSITNA	WASILLA	AK	99654	56,000
41			MIDDLESEX	EAST BRUNSWICK	NJ	08816	54,600
42			CRAVEN	NEW BERN	NC	28560	53,600
43			MARICOPA	PHOENIX	AZ	85051	53,400
44			MANITOWOC	MANITOWOC	WI	54220	53,200
45			CHARLES	LA PLATA	MD	20646	52,600
46			NEW CASTLE	WILMINGTON	DE	19806	52,600
47			NEW CASTLE	BEAR	DE	19701	52,600
48			KENT	DOVER	DE	19904	52,000

Top 50 Pharmacies
Sales of Oxycodone 15mg (NDC 00228-2878-11)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
49		MANATEE	BRADENTON	FL	34205	52,000
50		MANATEE	BRADENTON	FL	34205	52,000

Top 50 Pharmacies Sales of Oxycodone 15mg (NDC 52152-0214-02) January 1, 2012 to June 30, 2012							
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			SAN BERNARDINO	RANCHO CUCAMON	CA	91730	3,600
2			MARICOPA	SUN CITY	AZ	85351	2,400
3			PIKE	WAVERLY	OH	45690	2,400
4			RICHMOND	STATEN ISLAND	NY	10312	1,000
5			PIMA	TUCSON	AZ	85704	1,000
6			PUTNAM	HURRICANE	WV	25526	900
7			CONWAY	MORRILTON	AR	72110	600
8			HARRIS	HOUSTON	TX	77006	500
9			ARMSTRONG	FORD CITY	PA	16226	500
10			SAUK	REEDSBURG	WI	53959	300
11			BERRIEN	NEW BUFFALO	MI	49117	200
12			CULLMAN	HANCEVILLE	AL	35077	100
13			NEW YORK	NEW YORK	NY	10035	100

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 52152-0215-02)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			RICHMOND	STATEN ISLAND	NY	10305	26000
2			KINGS	BROOKLYN	NY	11222	17600
3			LOS ANGELES	LOS ANGELES	CA	90025	12000
4			WAYNE	DETROIT	MI	48207	9700
5			ESSEX	BELLEVILLE	NJ	07109	8300
6			MIDDLESEX	PERTH AMBOY	NJ	08861	7900
7			BURLINGTON	RIVERSIDE	NJ	08075	7200
8			FAYETTE	CONNELLSVILLE	PA	15425	7200
9			PHILADELPHIA	PHILADELPHIA	PA	19124	6100
10			MARSHALL	MOUNDSVILLE	WV	26041	5600
11			FRESNO	CLOVIS	CA	93612	5400
12			VENTURA	SIMI VALLEY	CA	93065	4800
13			FRESNO	FRESNO	CA	93727	4500
14			ETOWAH	GADSDEN	AL	35901	4100
15			SAN DIEGO	OCEANSIDE	CA	92054	3600
16			NYE	PAHRUMP	NV	89048	3000
17			BROOKE	FOLLANSBEE	WV	26037	3000
18			OCEAN	BEACHWOOD	NJ	08722	3000
19			SULLIVAN	LIBERTY	NY	12754	2400
20			WAYNE	HARPER WOODS	MI	48225	2400
21			PIKE	WAVERLY	OH	45690	2400
22			SAN BERNARDINO	RANCHO CUCAMON	CA	91730	2400
23			NASSAU	FARMINGDALE	NY	11735	2000
24			BURLINGTON	BORDENTOWN	NJ	08505	2000

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 52152-0215-02)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
25			HUDSON	BAYONNE	NJ	07002	2000
26			LOS ANGELES	LONG BEACH	CA	90813	2000
27			KINGS	BROOKLYN	NY	11215	1800
28			CAMDEN	CAMDEN	NJ	08105	1800
29			CUYAHOGA	CLEVELAND	OH	44103	1700
30			PIMA	TUCSON	AZ	85704	1600
31			RIVERSIDE	SAN JACINTO	CA	92583	1500
32			HARRIS	HOUSTON	TX	77006	1500
33			PHILADELPHIA	PHILADELPHIA	PA	19111	1500
34			CONWAY	MORRILTON	AR	72110	1400
35			SUFFOLK	SHOREHAM	NY	11786	1200
36			ESSEX	NEWARK	NJ	07103	1200
37			GRAINGER	BLAINE	TN	37709	1200
38			CUYAHOGA	CLEVELAND	OH	44109	1100
39			MONTGOMERY	DAYTON	OH	45403	1000
40			WILKES	WILKESBORO	NC	28697	1000
41			NICHOLAS	CRAIGSVILLE	WV	26205	1000
42			NASSAU	MINEOLA	NY	11501	1000
43			WAYNE	DETROIT	MI	48206	1000
44			PUTNAM	HURRICANE	WV	25526	800
45			HUNTERDON	FRENCHTOWN	NJ	08825	800
46			NIAGARA	NIAGARA FALLS	NY	14304	800
47			NASSAU	HICKSVILLE	NY	11801	600
48			TULSA	TULSA	OK	74104	600

Top 50 Pharmacies

Sales of Oxycodone 30mg (NDC 52152-0215-02)

January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
49			LUZERNE	WILKES BARRE	PA	18702	600
50			WAYNE	DETROIT	MI	48235	600

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 00228-2879-11)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
1			KNOX	KNOXVILLE	TN	37919	628,100
2			CLARK	LAS VEGAS	NV	89128	409,200
3			KNOX	KNOXVILLE	TN	37932	279,200
4			NEW YORK	NEW YORK	NY	10003	265,200
5			KNOX	KNOXVILLE	TN	37919	227,400
6			MIDDLESEX	EAST BRUNSWICK	NJ	08816	193,800
7			CHARLOTTE	PORT CHARLOTTE	FL	33948	165,600
8			CLARK	NORTH LAS VEGAS	NV	89030	156,100
9			MIDDLESEX	EAST BRUNSWICK	NJ	08816	154,600
10			HILLSBOROUGH	TAMPA	FL	33612	154,300
11			WASHINGTON	BOGALUSA	LA	70427	151,600
12			MONMOUTH	KEANSBURG	NJ	07734	149,100
13			CLARK	NORTH LAS VEGAS	NV	89032	143,500
14			NEW CASTLE	WILMINGTON	DE	19806	143,400
15			KNOX	KNOXVILLE	TN	37917	138,700
16			PASCO	HUDSON	FL	34667	137,700
17			PHILADELPHIA	PHILADELPHIA	PA	19128	136,800
18			PIMA	TUCSON	AZ	85712	136,600
19			CLARK	LAS VEGAS	NV	89107	134,800
20			BUTLER	WEST CHESTER	OH	45069	132,900
21			HILLSBOROUGH	TAMPA	FL	33614	132,900
22			CLARK	LAS VEGAS	NV	89108	132,800
23			BLOUNT	ALCOA	TN	37701	132,300
24			CLARK	LAS VEGAS	NV	89121	131,000

Top 50 Pharmacies
Sales of Oxycodone 30mg (NDC 00228-2879-11)
January 1, 2012 to June 30, 2012

Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip	Total
25			ORANGE	ORLANDO	FL	32812	129,600
26			MIDDLESEX	PERTH AMBOY	NJ	08861	128,600
27			SUFFOLK	SELDEN	NY	11784	120,100
28			KNOX	POWELL	TN	37849	119,700
29			RICHMOND	STATEN ISLAND	NY	10305	116,500
30			PUEBLO	PUEBLO	CO	81001	115,100
31			RICHMOND	STATEN ISLAND	NY	10312	114,700
32			SARASOTA	SARASOTA	FL	34233	112,800
33			MILWAUKEE	MILWAUKEE	WI	53222	112,100
34			LAWRENCE	NEW CASTLE	PA	16101	111,000
35			CLARK	LAS VEGAS	NV	89106	110,800
36			SAN DIEGO	CARLSBAD	CA	92010	110,800
37			DAVIDSON	NASHVILLE	TN	37211	110,600
38			DONA ANA	LAS CRUCES	NM	88001	110,400
39			MILWAUKEE	MILWAUKEE	WI	53209	109,400
40			UNION	ELIZABETH	NJ	07208	107,700
41			RALEIGH	BECKLEY	WV	25801	107,500
42			SEMINOLE	CASSELBERRY	FL	32730	104,700
43			ORANGE	ORLANDO	FL	32806	104,600
44			ORANGE	FULLERTON	CA	92835	103,100
45			RALEIGH	BECKLEY	WV	25801	102,800
46			CAMDEN	CHERRY HILL	NJ	08034	102,600
47			CLARK	LAS VEGAS	NV	89104	102,600
48			RICHMOND	STATEN ISLAND	NY	10305	102,200

Top 50 Pharmacies Sales of Oxycodone 30mg (NDC 00228-2879-11) January 1, 2012 to June 30, 2012						
Rank	Buyer's DEA Number	Buyer's Name	Buyer's County	Buyer's City	Buyer's State	Buyer's Zip
49			BROWARD	HOLLYWOOD	FL	33021
50			DUVAL	JACKSONVILLE	FL	32216
						Total
						101,800
						100,500

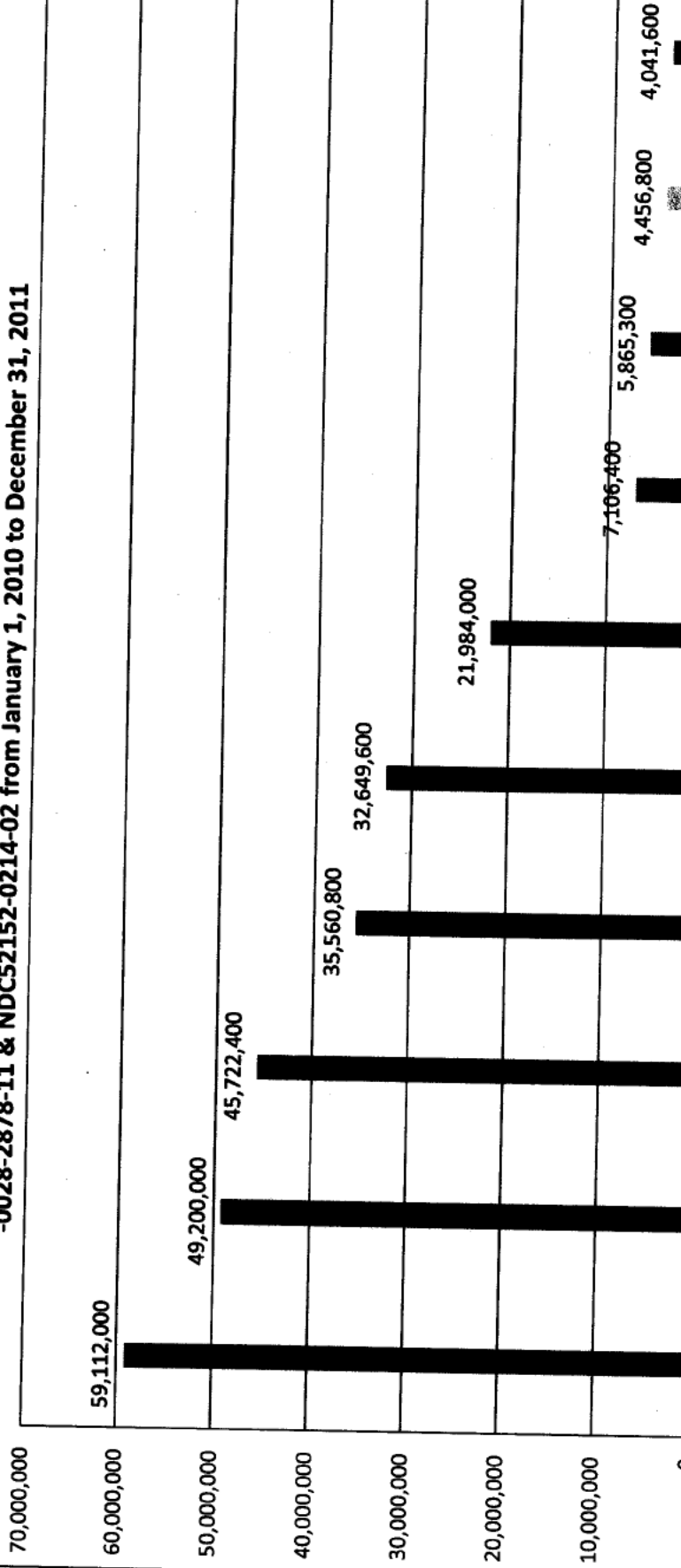
The following charts and graphs have been compiled from ARCOS reports your firm has previously submitted to DEA. The data was reviewed and the purchases of a few of your customers will be addressed during our discussion.

The mentioning of specific customers is NOT to be implied that the sale of controlled substances to these customers is illicit or that they may be involved in illicit activities.

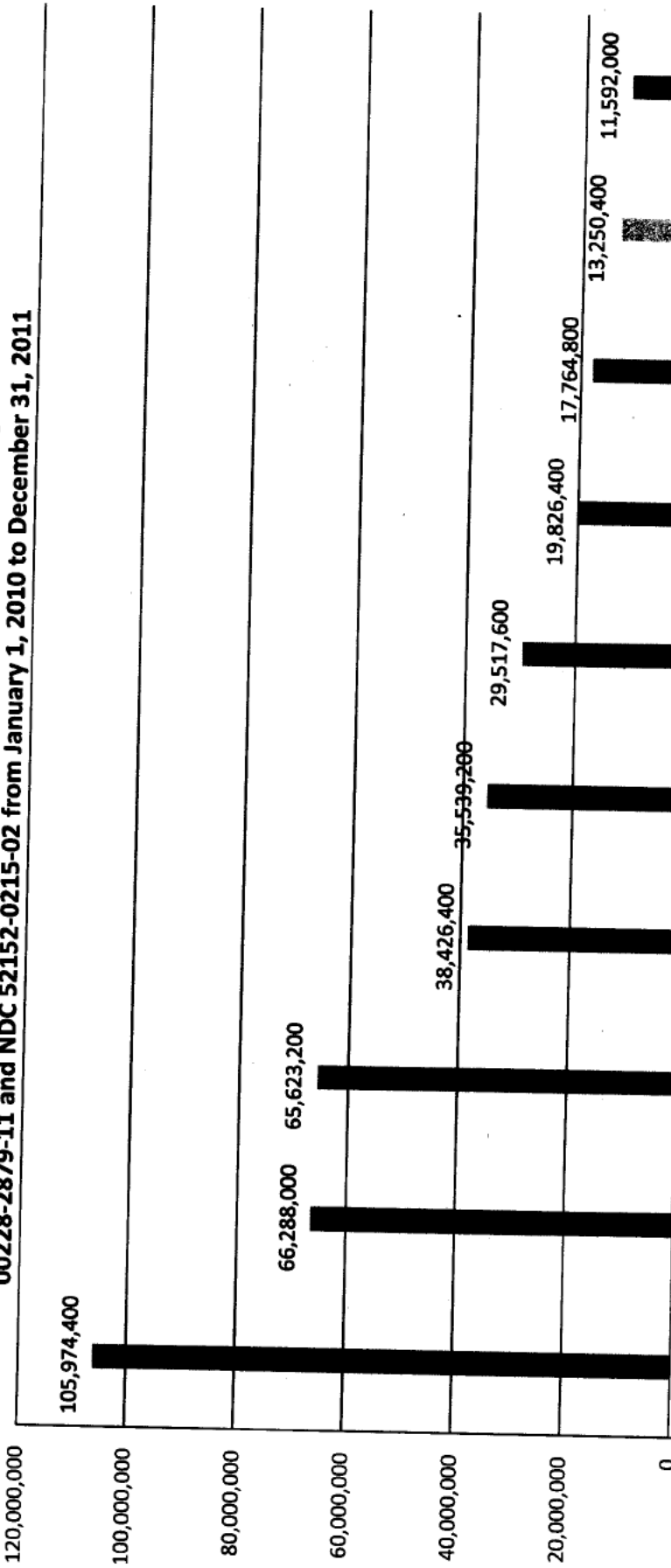
It also should NOT be inferred that based upon the documentation provided to you that your company should terminate or restrict business with any customer discussed for the purposes of this presentation.

It is incumbent upon you to know your customers, fully review all orders for controlled substances and to exercise due diligence procedures prior to deciding whether or not to terminate or restrict sales to any customer.

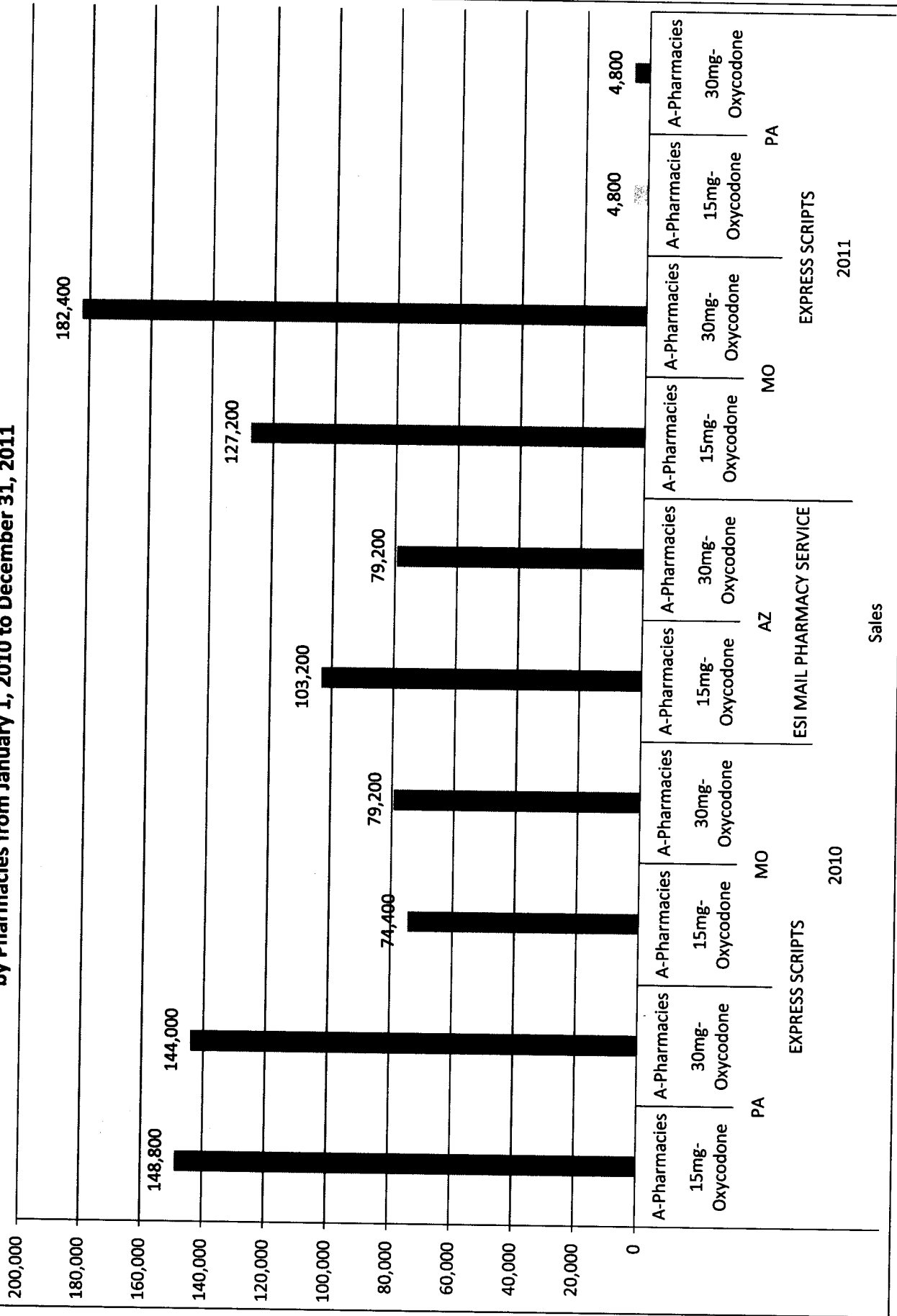
UPS Supply Chain Top Customer Sales in Dosage Units of Oxycodone 15mg NDC52152
-0028-2878-11 & NDC52152-0214-02 from January 1, 2010 to December 31, 2011



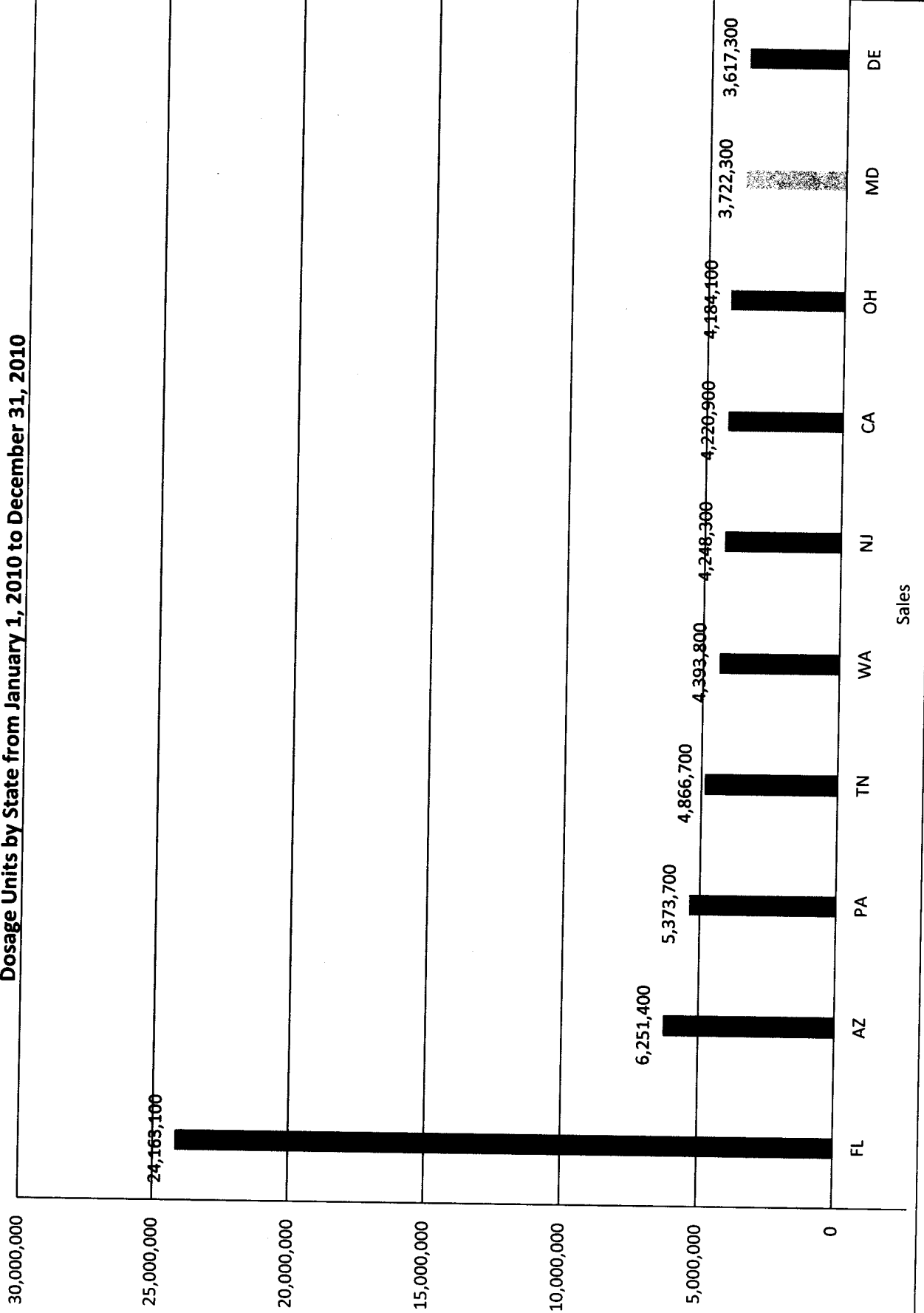
UPS Supply Chain Top Customer Sales in Dosage Units of Oxycodone 30mg NDC 52152-00228-2879-11 and NDC 52152-0215-02 from January 1, 2010 to December 31, 2011



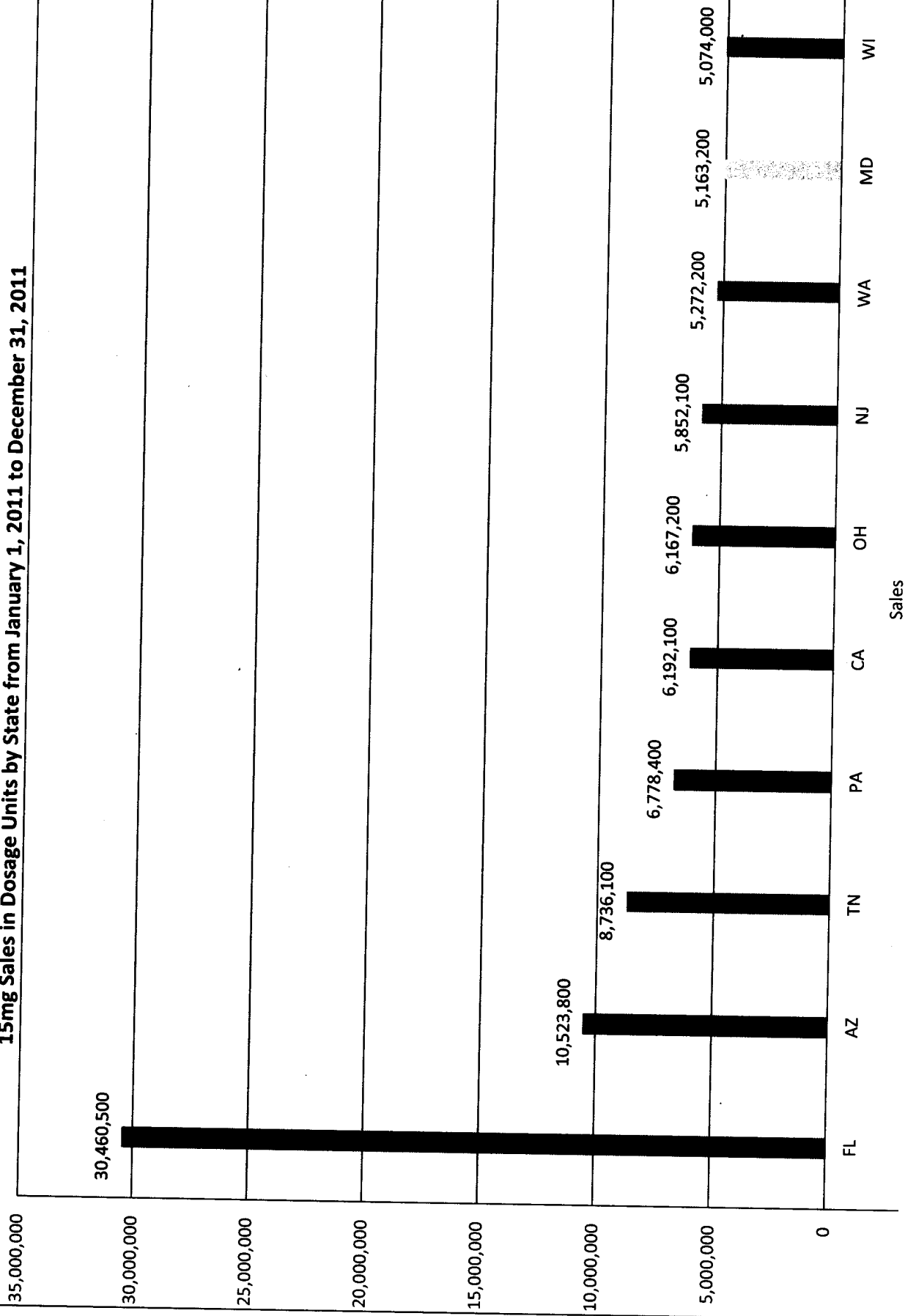
**UPS Supply Chain Solutions, Inc. Purchases in Dosage Units
by Pharmacies from January 1, 2010 to December 31, 2011**



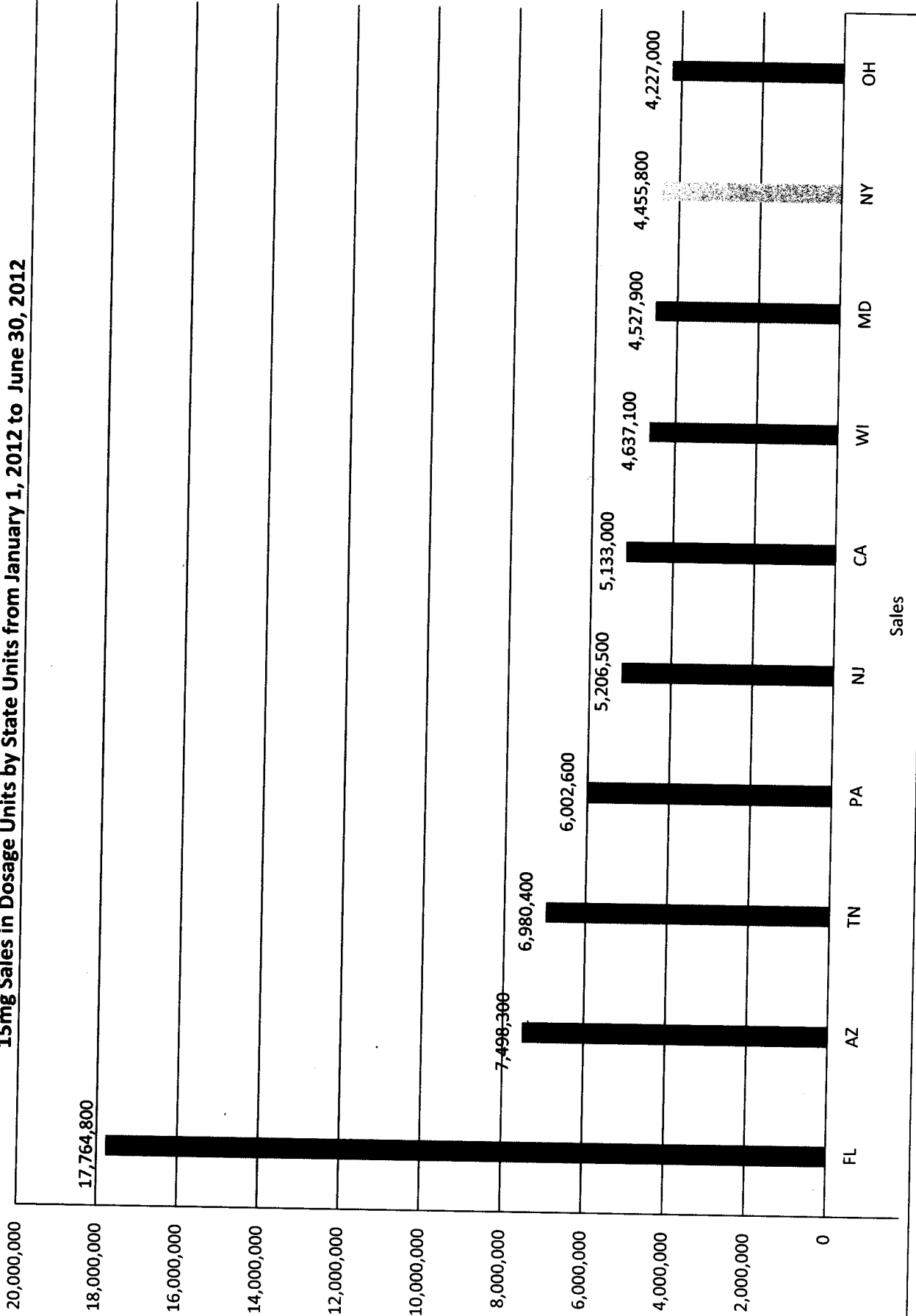
**Actavis Elizabeth, LLC (NDC52152-0214-02) Oxycodone 15mg Sales in
Dosage Units by State from January 1, 2010 to December 31, 2010**



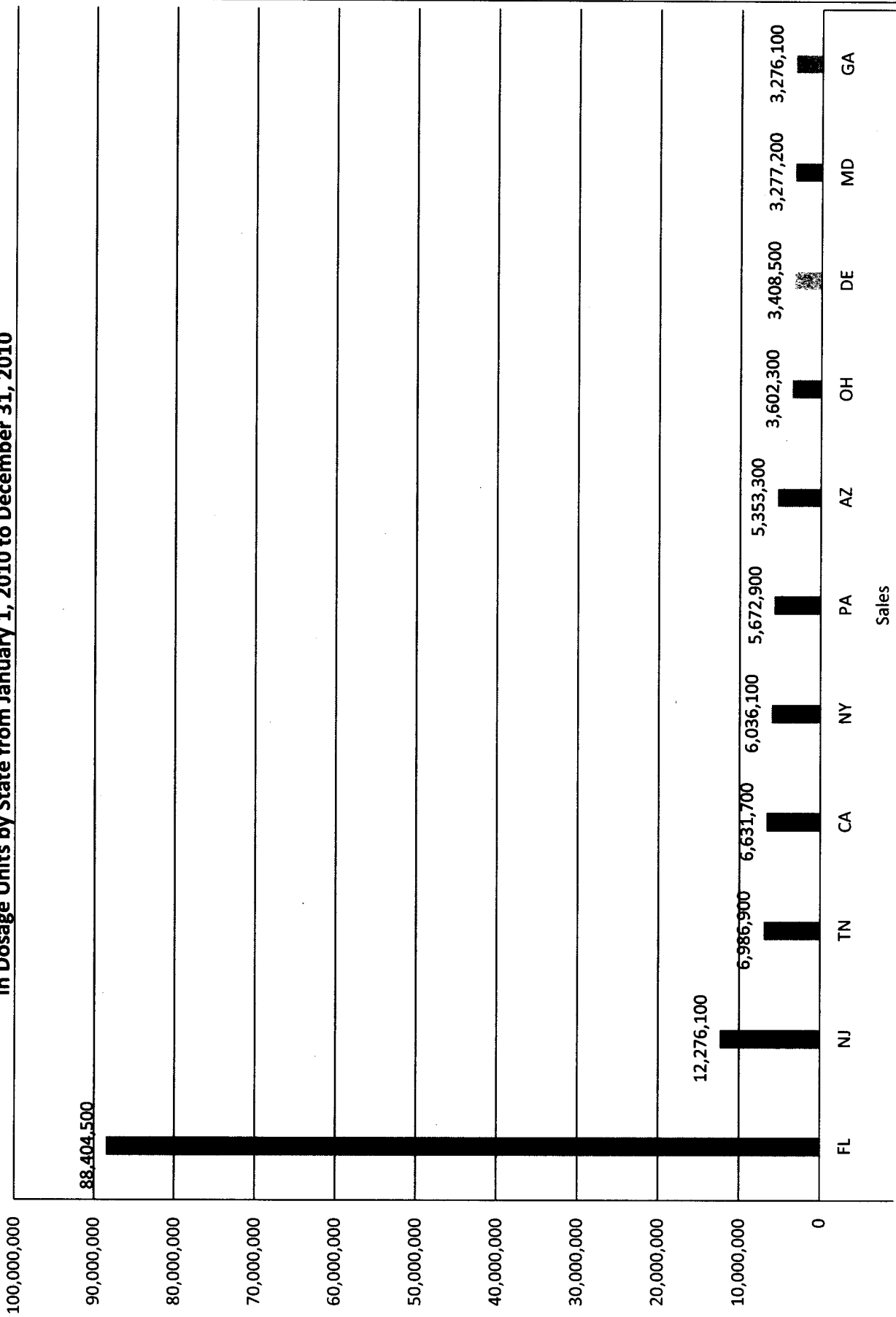
**Actavis Elizabeth, LLC (NDC00228-2878-11 & NDC52152-0214-02) Oxycodone
15mg Sales in Dosage Units by State from January 1, 2011 to December 31, 2011**



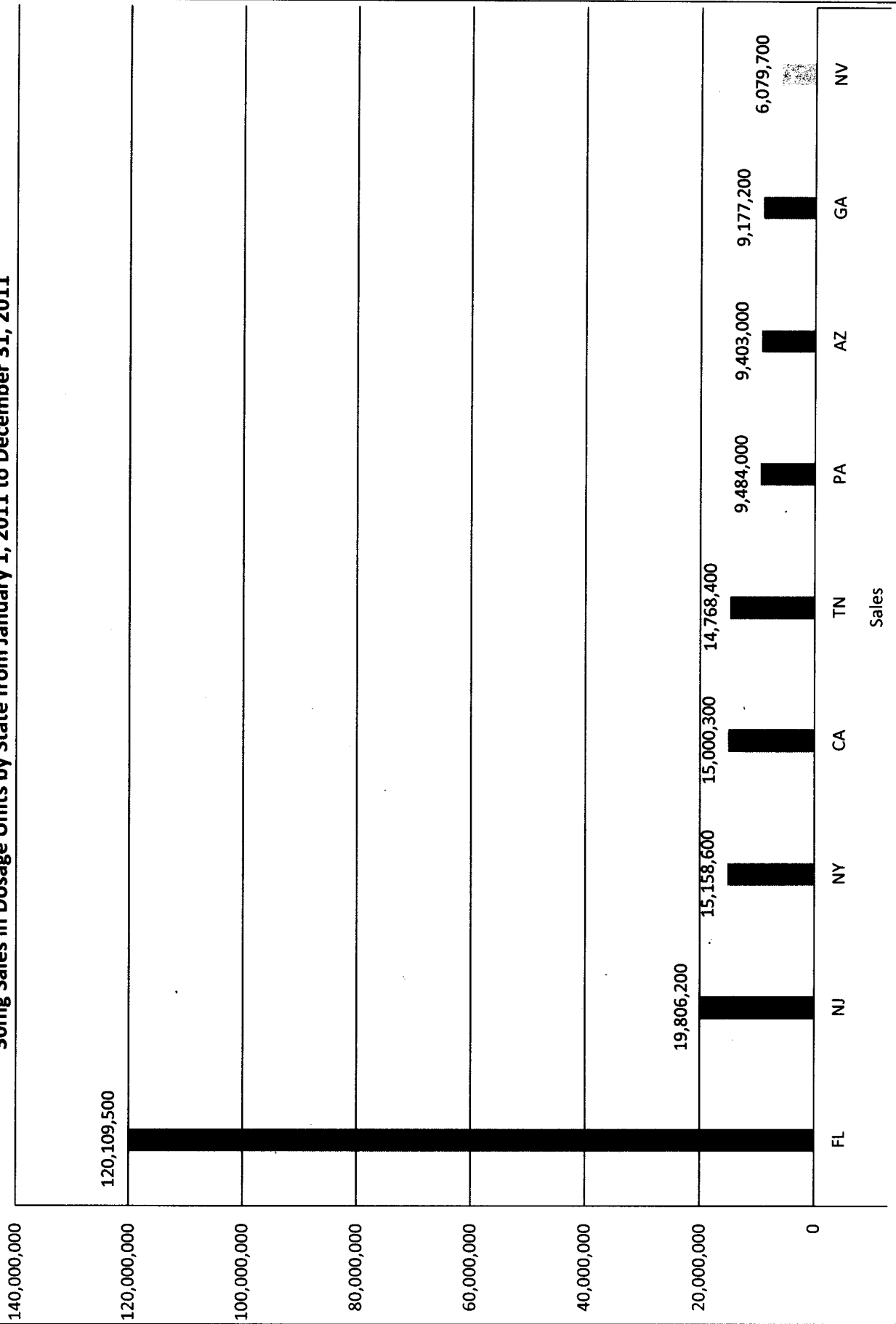
**Actavis Elizabeth, LLC (NDC00228-2878-11 & NDC52152-0214-02) Oxycodone
15mg Sales in Dosage Units by State Units from January 1, 2012 to June 30, 2012**



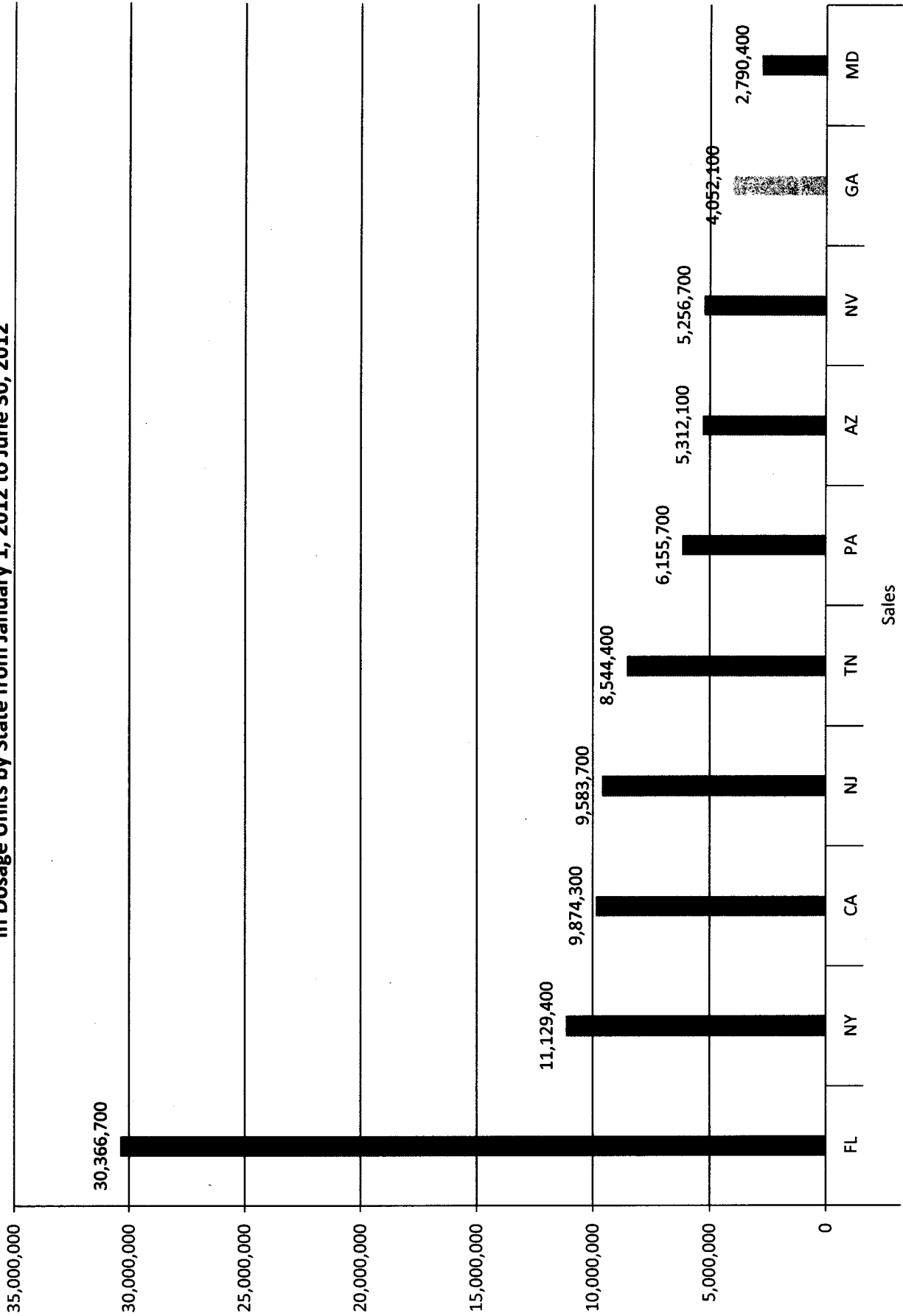
**Actavis Elizabeth, LLC (NDC52152-0215-02) Oxycodone 30mg Sales
in Dosage Units by State from January 1, 2010 to December 31, 2010**



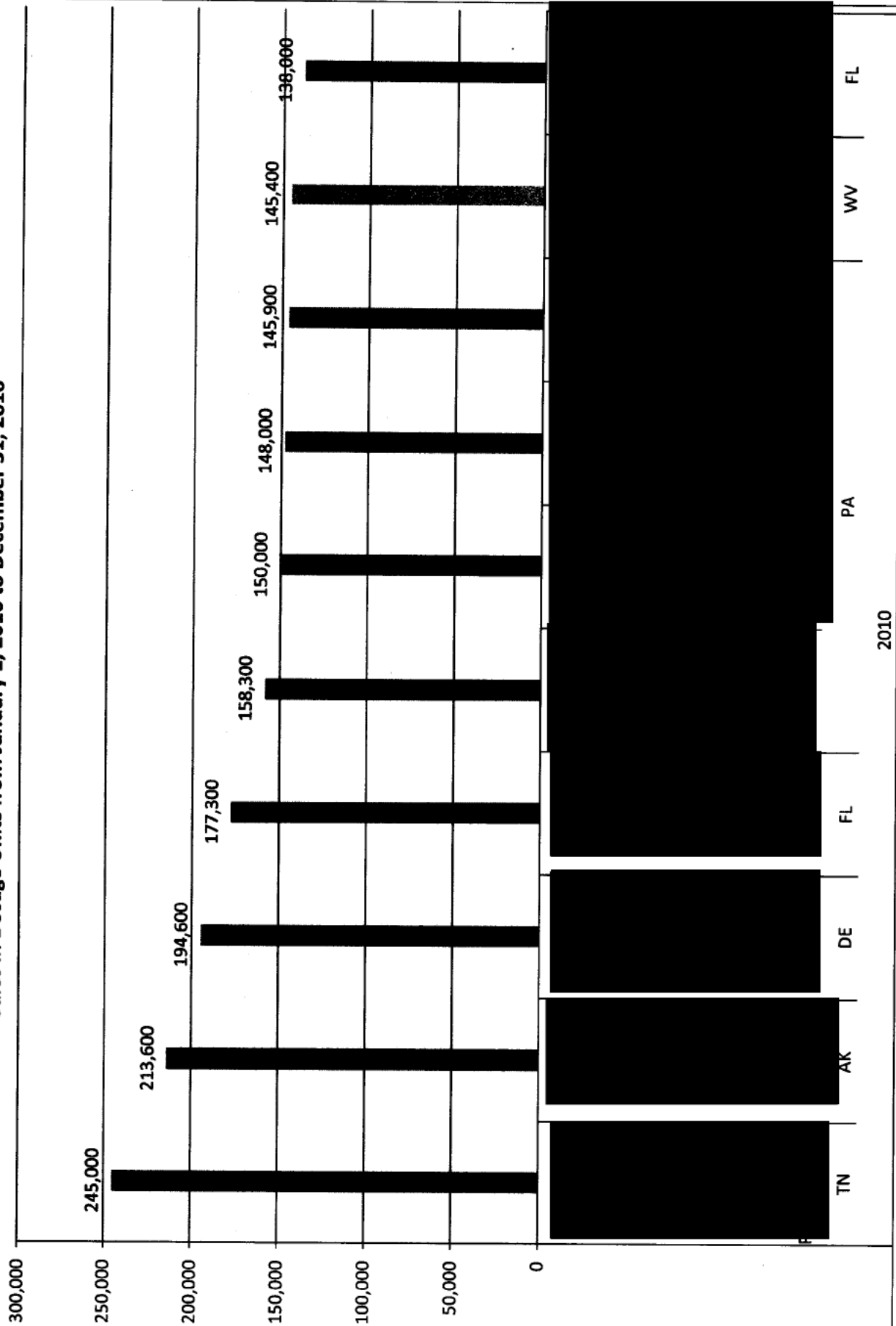
**Actavis Elizabeth, LLC (NDC00228-2879-11 & NDC52152-0215-02) Oxycodone
30mg Sales in Dosage Units by State from January 1, 2011 to December 31, 2011**



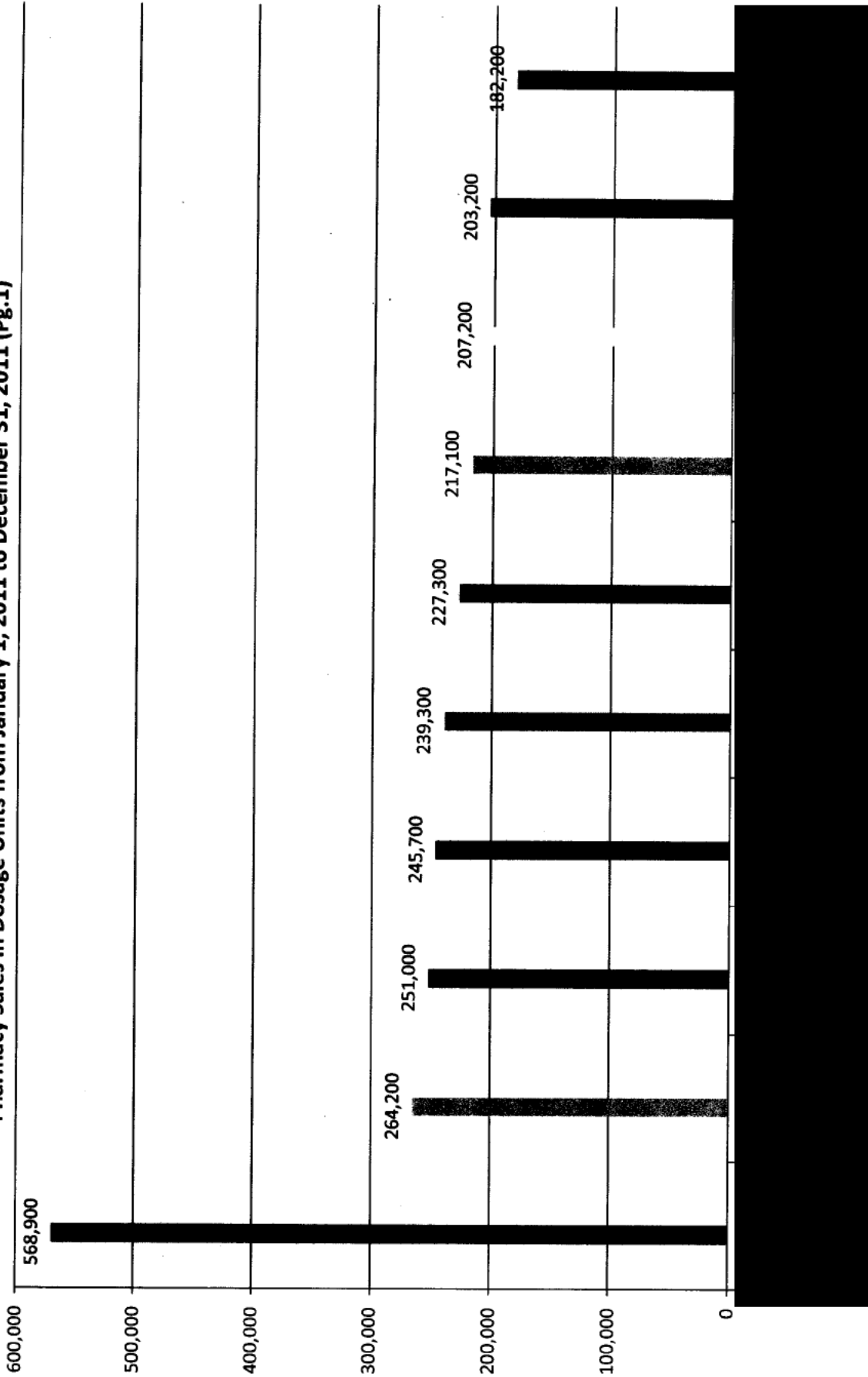
**Actavis Elizabeth, LLC (NDC00228-2879-11) Oxycodone 30mg Sales
in Dosage Units by State from January 1, 2012 to June 30, 2012**



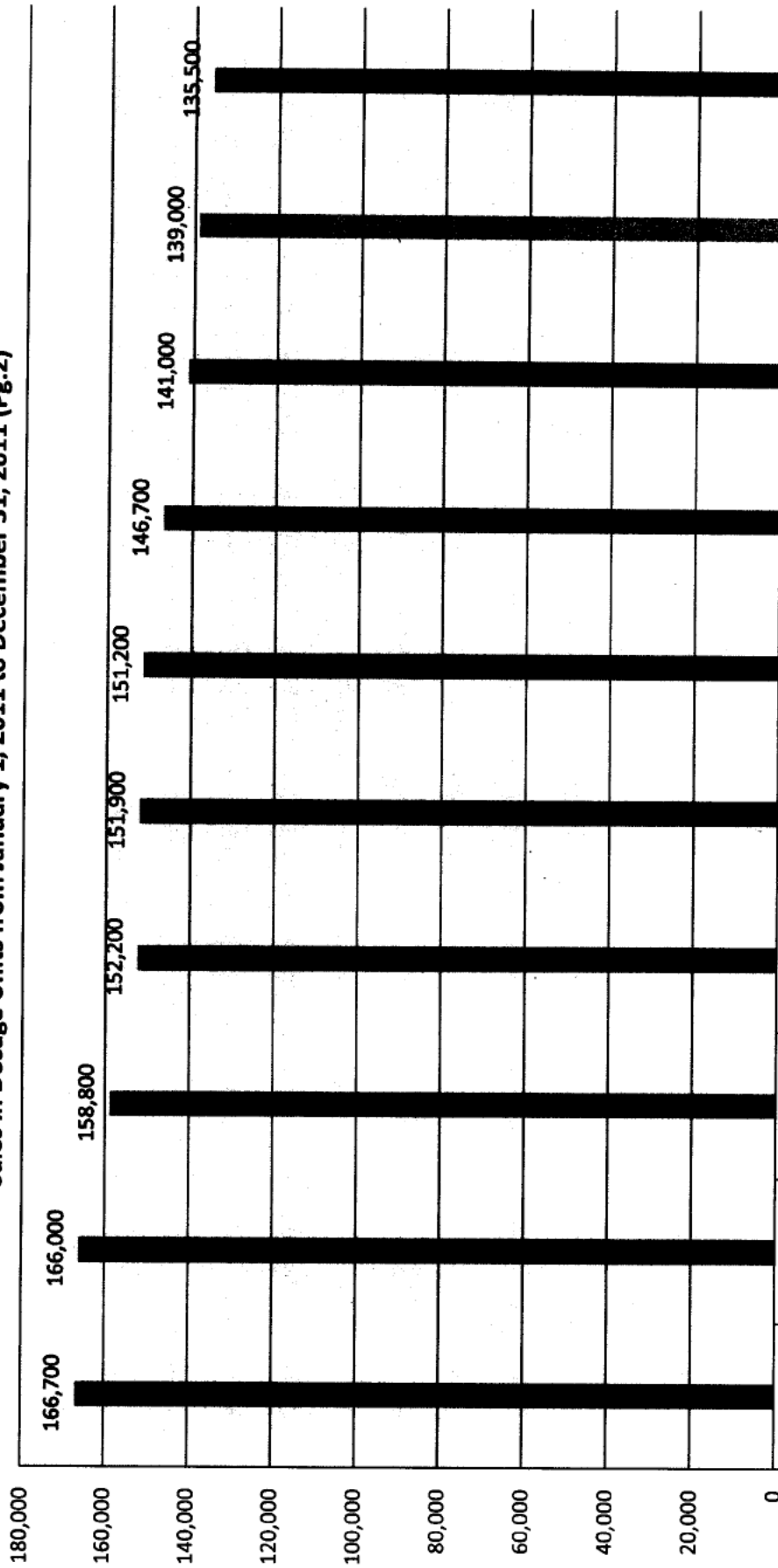
**Actavis Elizabeth, LLC (NDC 52152-0214-02) Oxycodone 15mg Pharmacy
Sales in Dosage Units from January 1, 2010 to December 31, 2010**



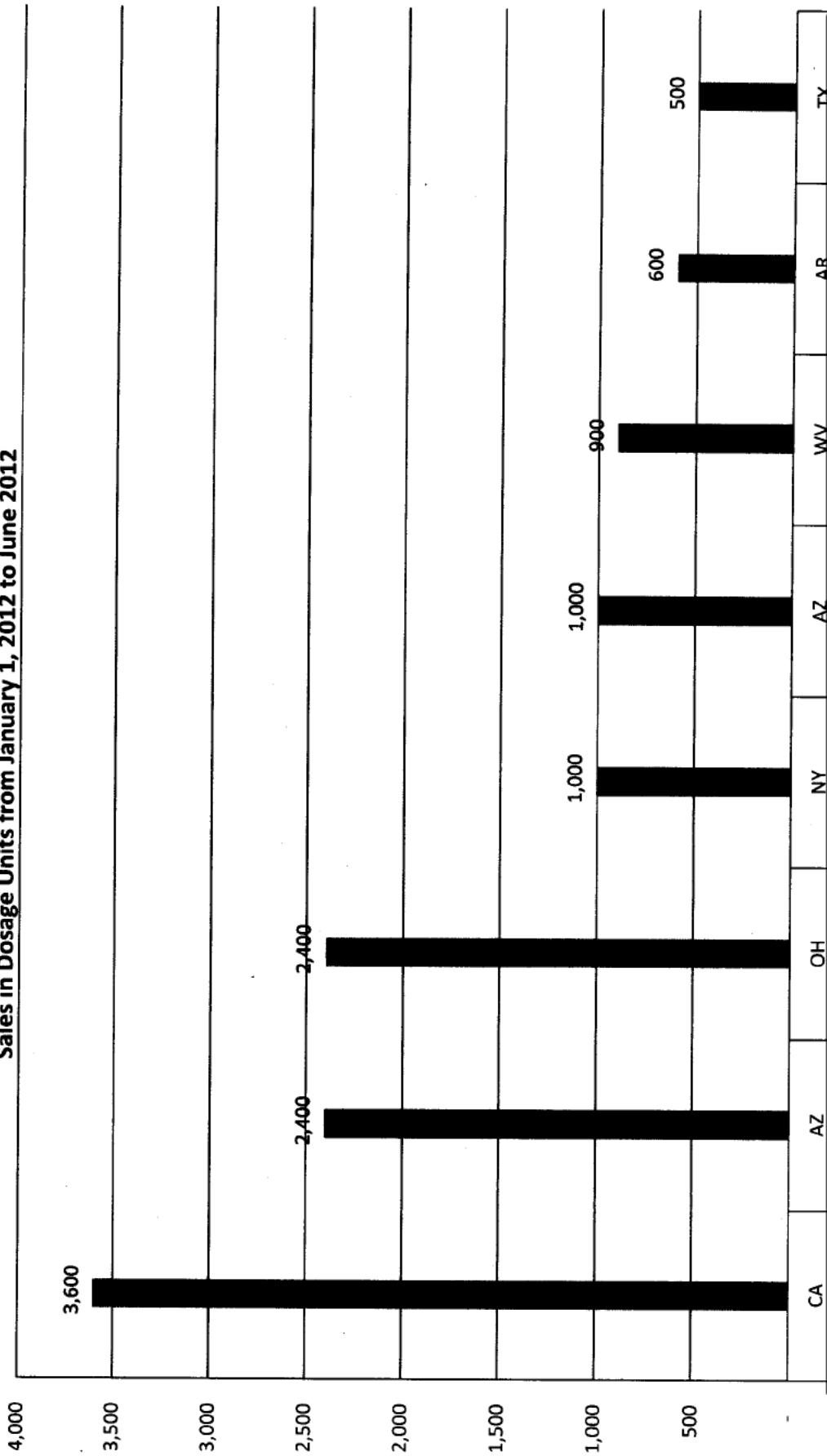
**Actavis Elizabeth, LLC (NDC 002228-2878-11 & NDC-52152-0214-02) Oxycodone 15mg
Pharmacy Sales in Dosage Units from January 1, 2011 to December 31, 2011 (Pg.1)**



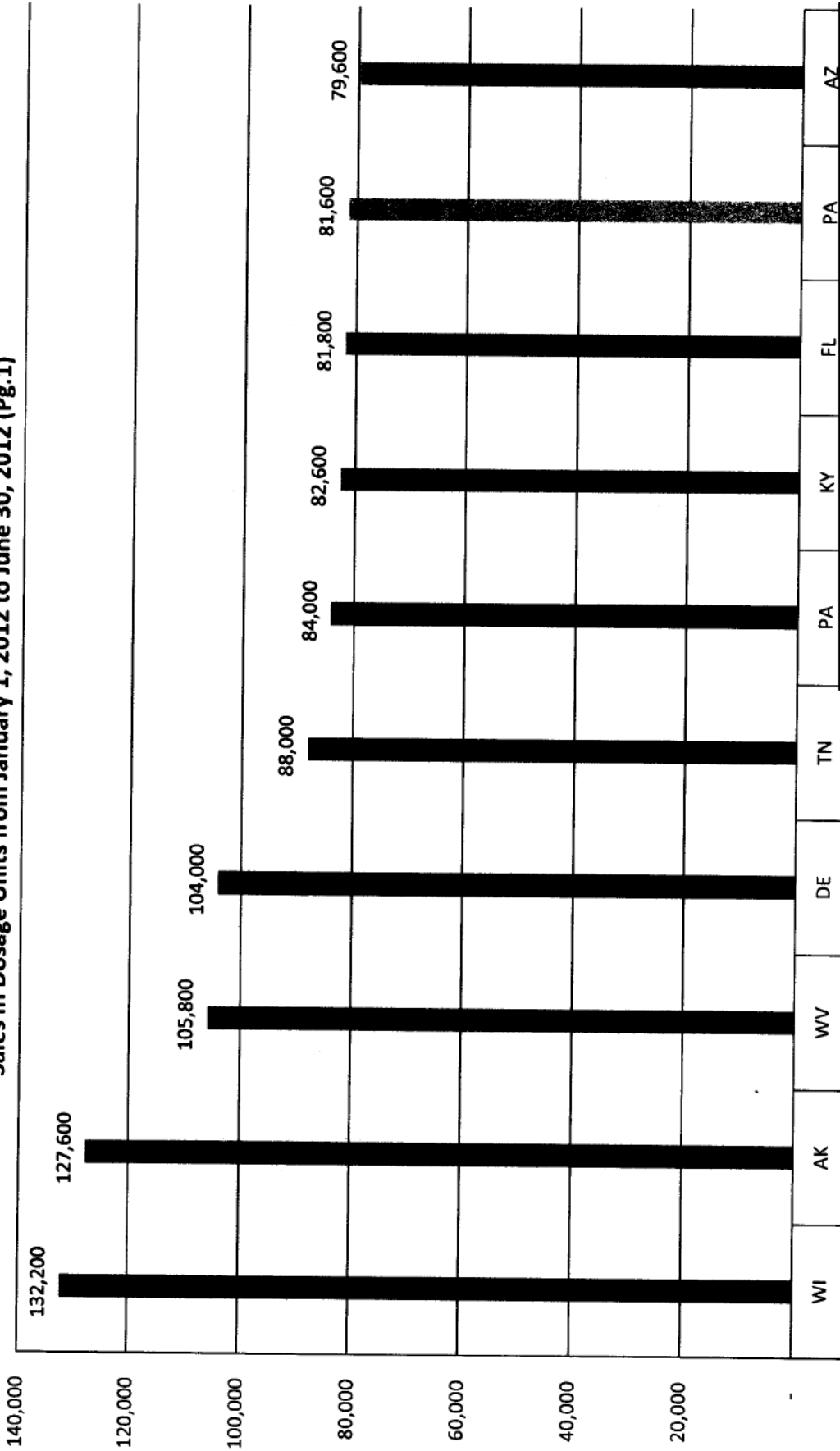
**Actavis Elizabeth, LLC (NDC 00228-2878-11) Oxycodone 15mg Pharmacy
Sales in Dosage Units from January 1, 2011 to December 31, 2011 (Pg.2)**



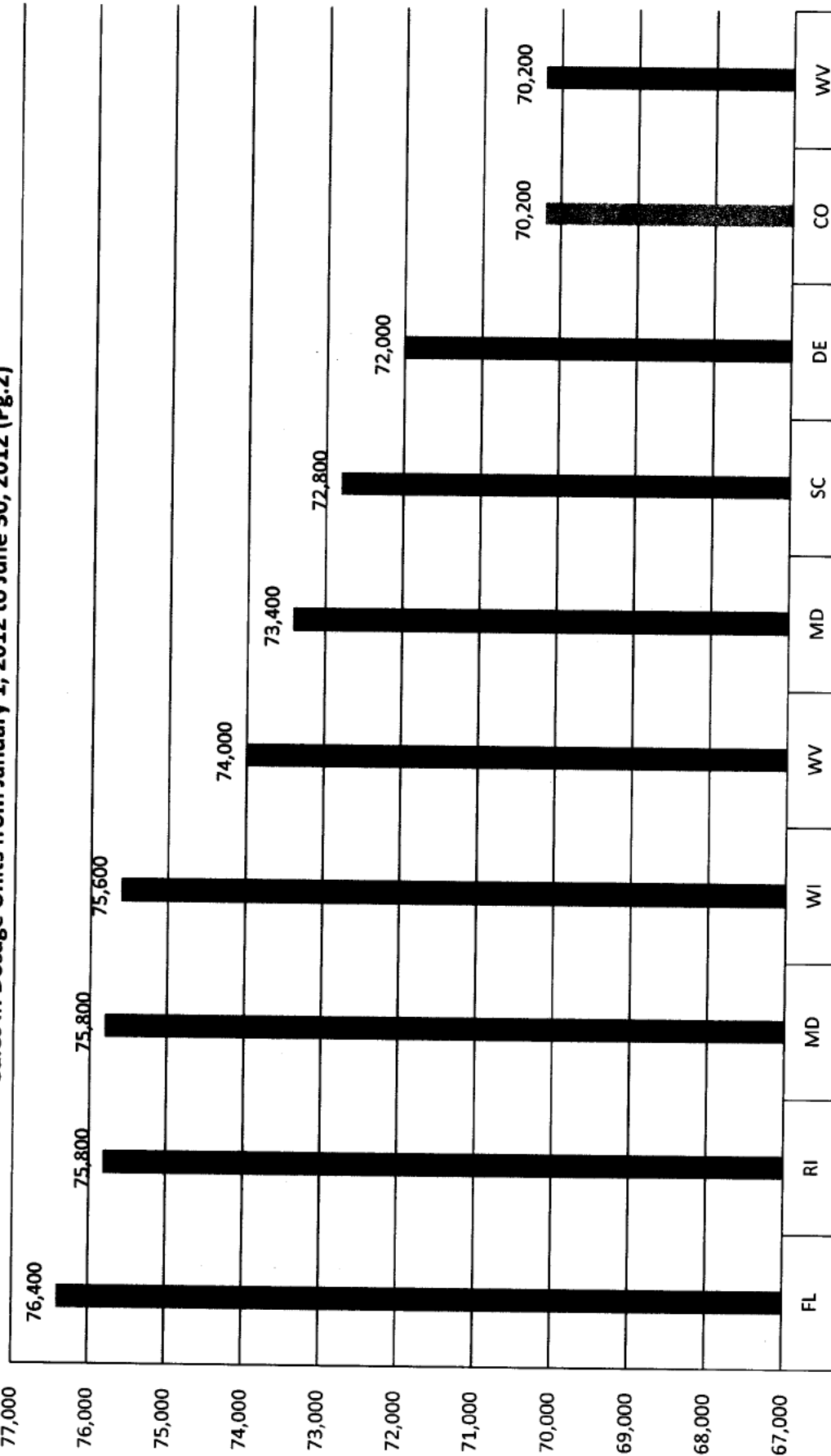
Actavis Elizabeth, LLC Oxycodone 15mg (NDC 52152-0214-02)
Sales in Dosage Units from January 1, 2012 to June 2012



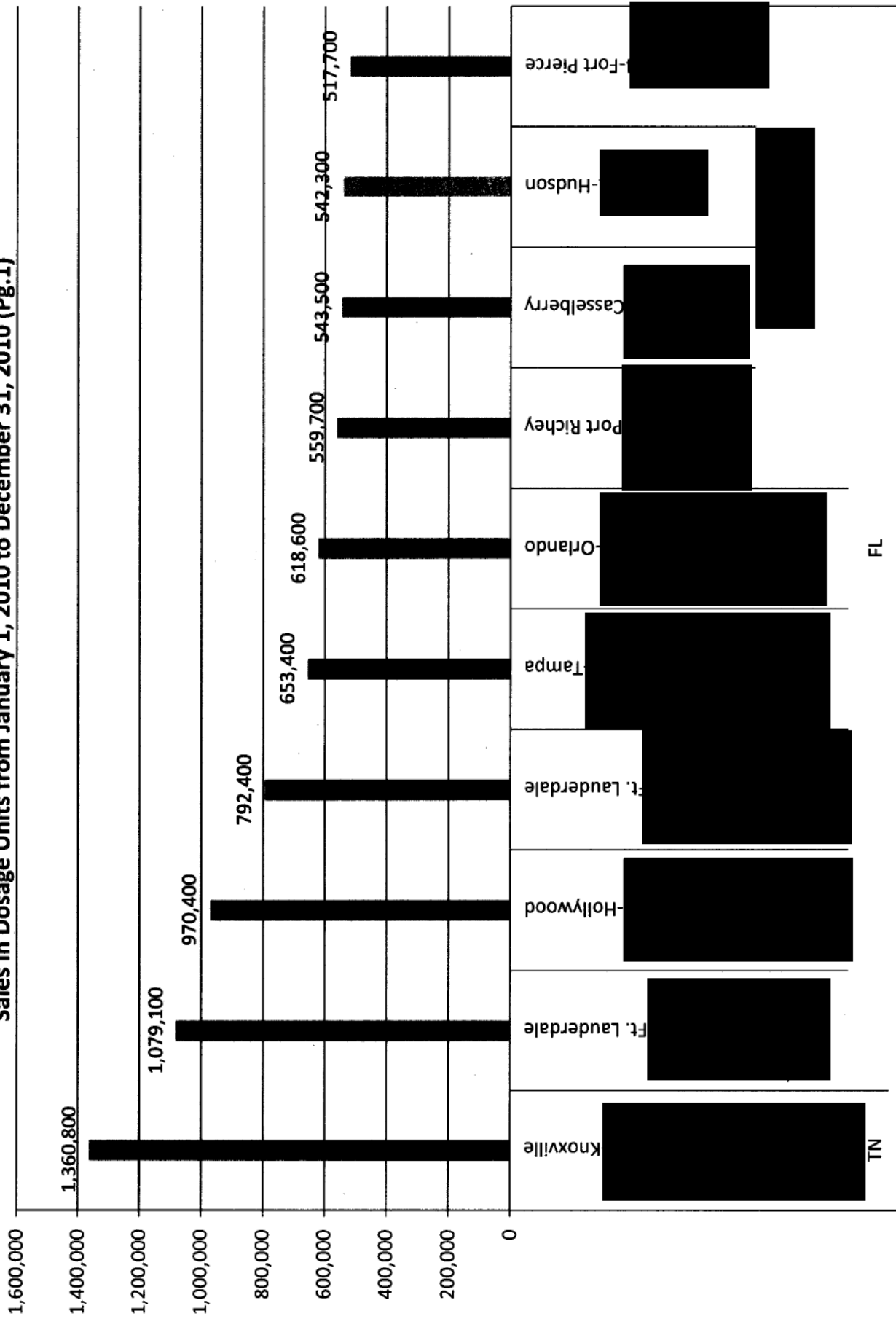
Actavis Elizabeth, LLC Oxycodone 15mg. (NDC00228-2878-11)
Sales in Dosage Units from January 1, 2012 to June 30, 2012 (Pg.1)



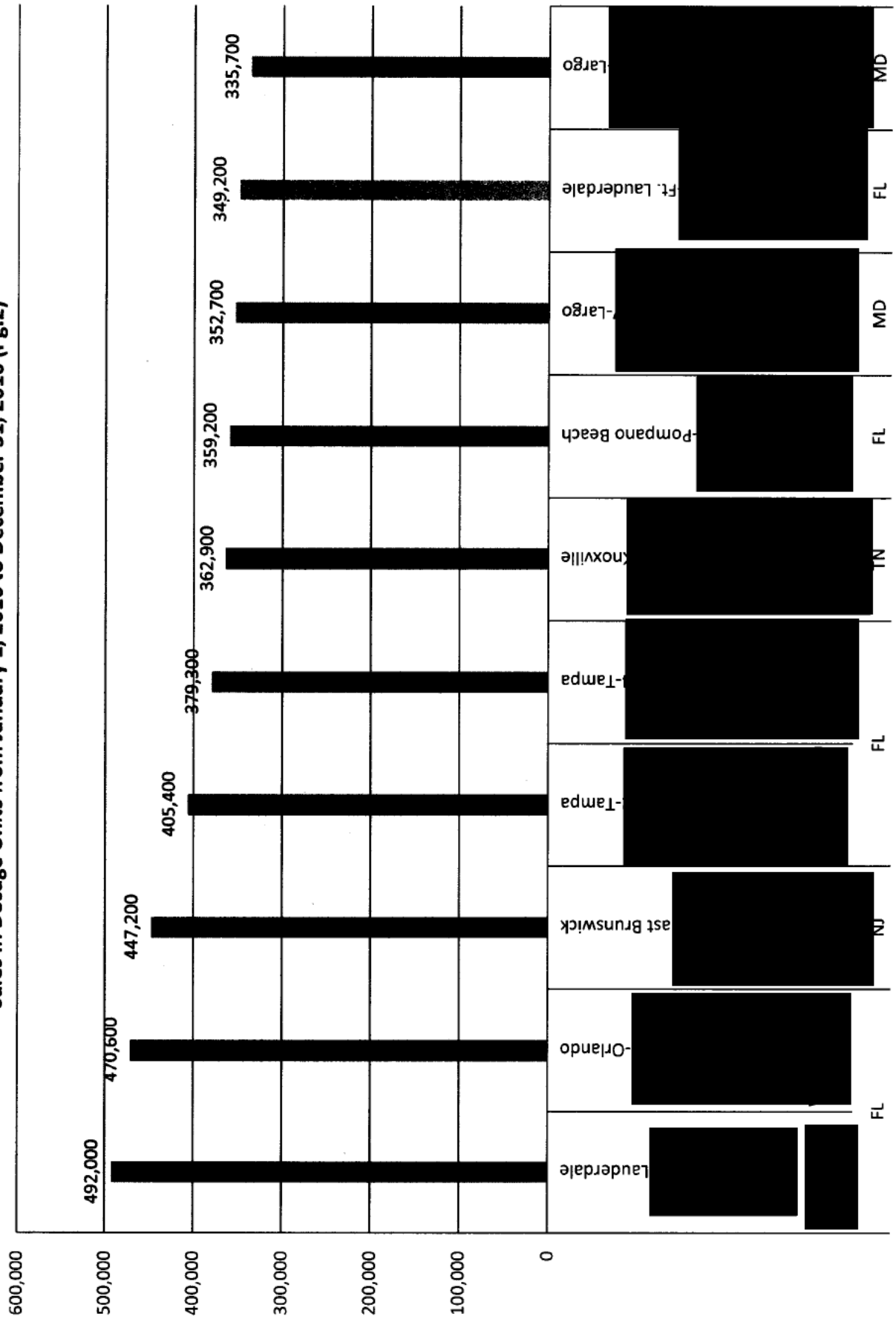
Actavis Elizabeth, LLC Oxycodone 15mg. (NDC 00228-2878-11)
Sales in Dosage Units from January 1, 2012 to June 30, 2012 (Pg.2)



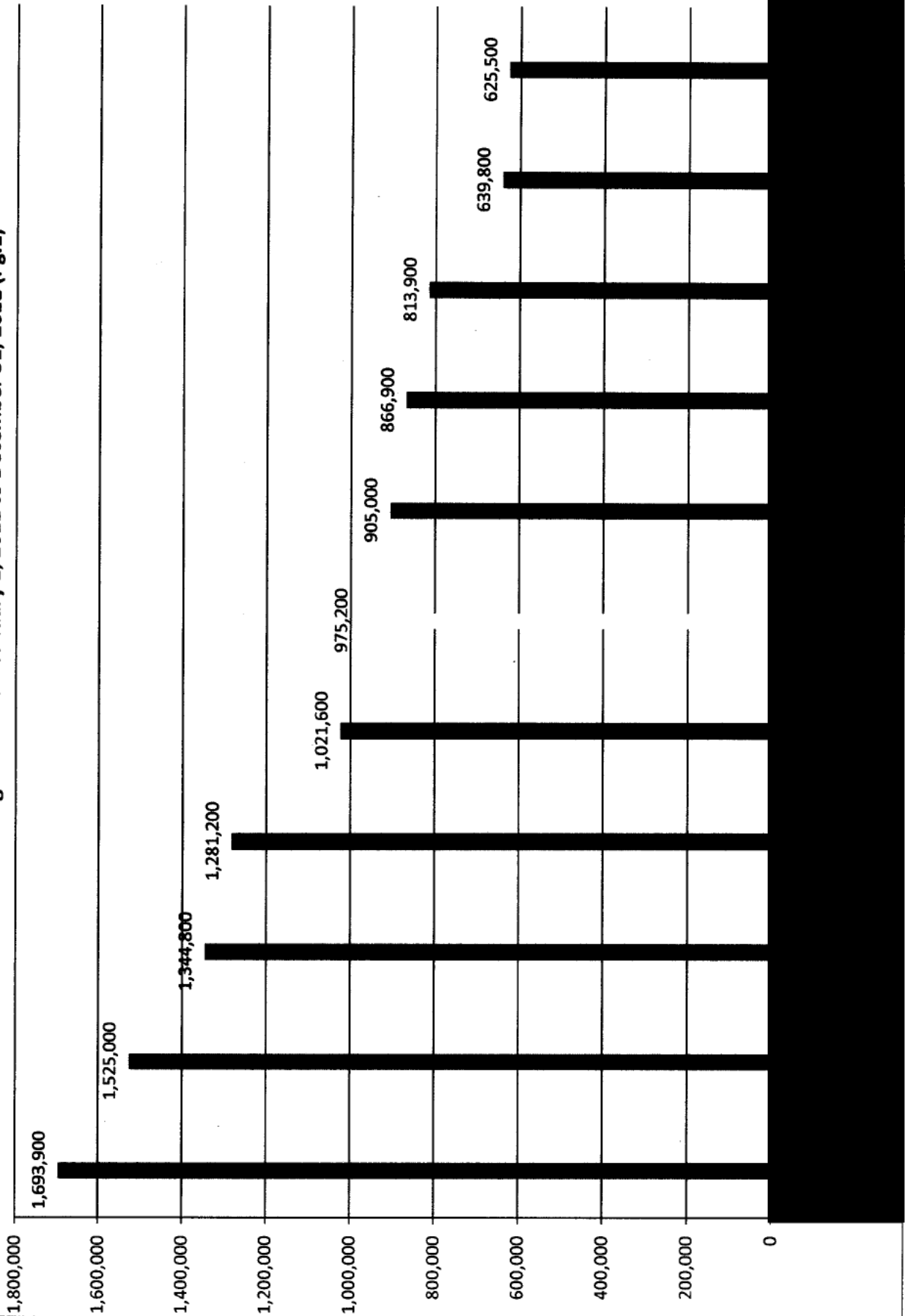
**Actavis Elizabeth, LLC (NDC 52152-0215-02) Oxycodone 30mg Customer
Sales in Dosage Units from January 1, 2010 to December 31, 2010 (Pg.1)**



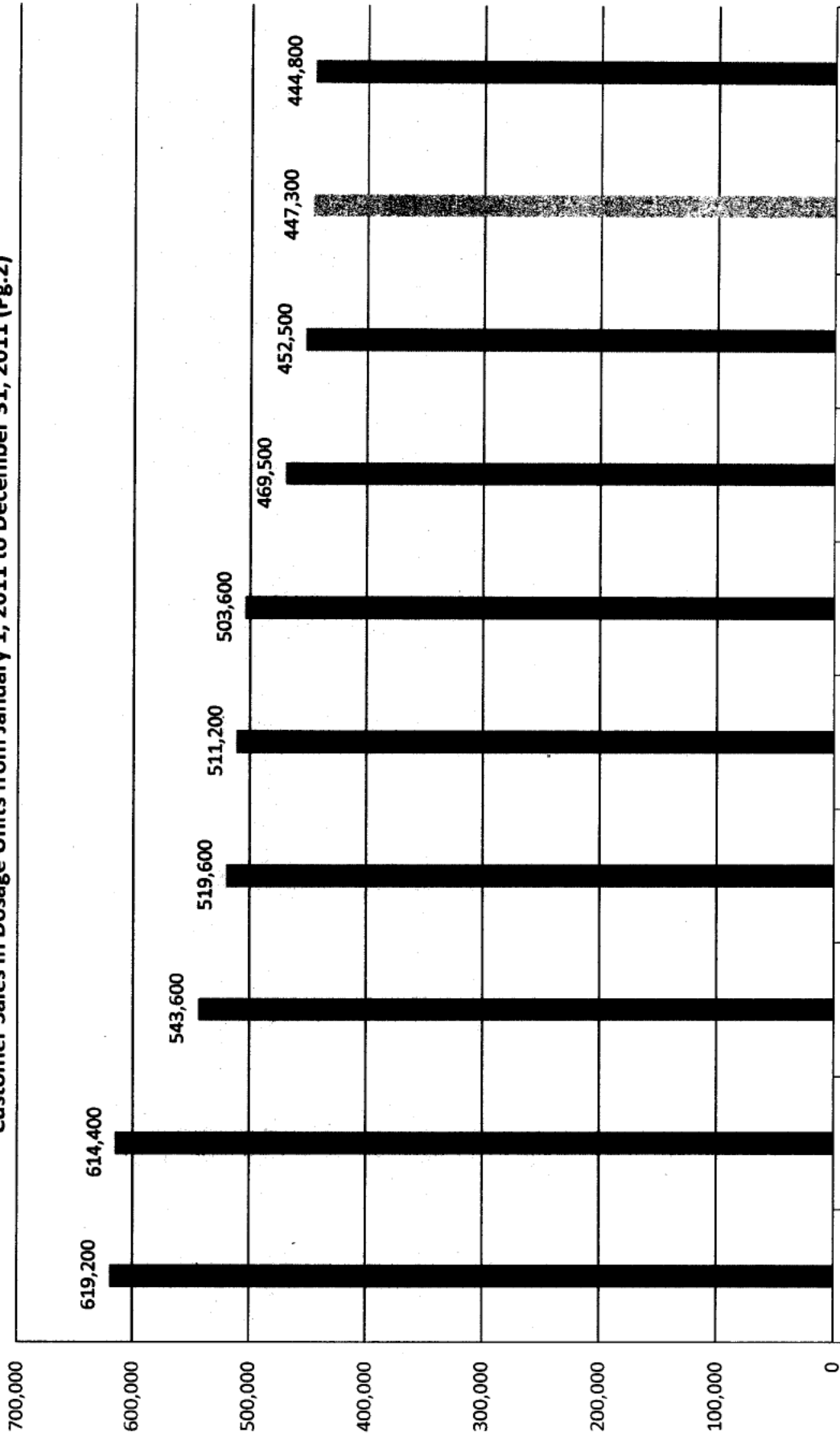
**Actavis Elizabeth, LLC Oxycodone 30mg (NDC 52152-0215-02) Customer
Sales in Dosage Units from January 1, 2010 to December 31, 2010 (Pg.2)**



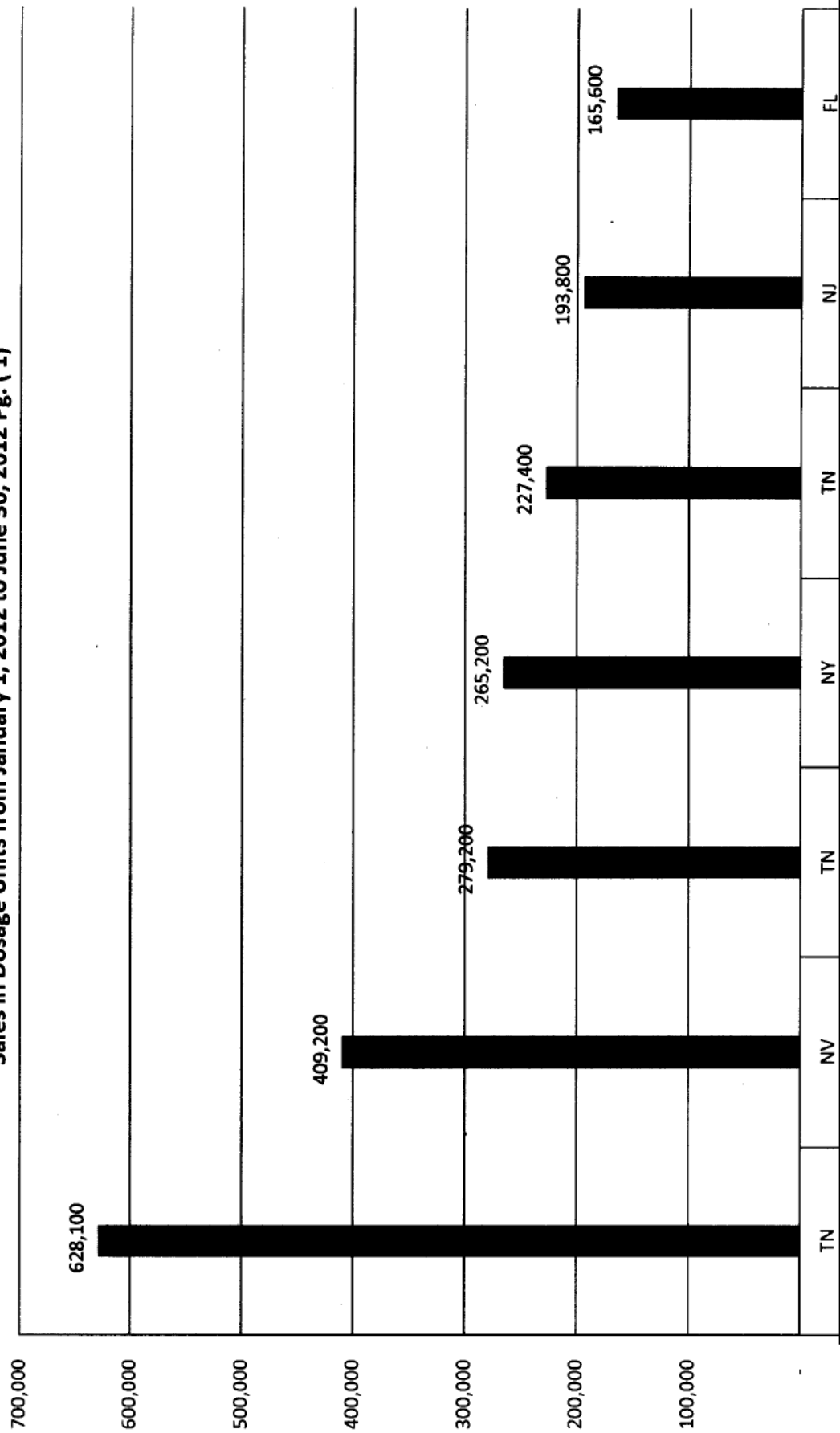
**Actavis Elizabeth, LLC (NDC 00228-2879-11 & NDC 52152-0215-02) Oxycodone 30mg
Customer Sales in Dosage Units from January 1, 2011 to December 31, 2011 (Pg.1)**



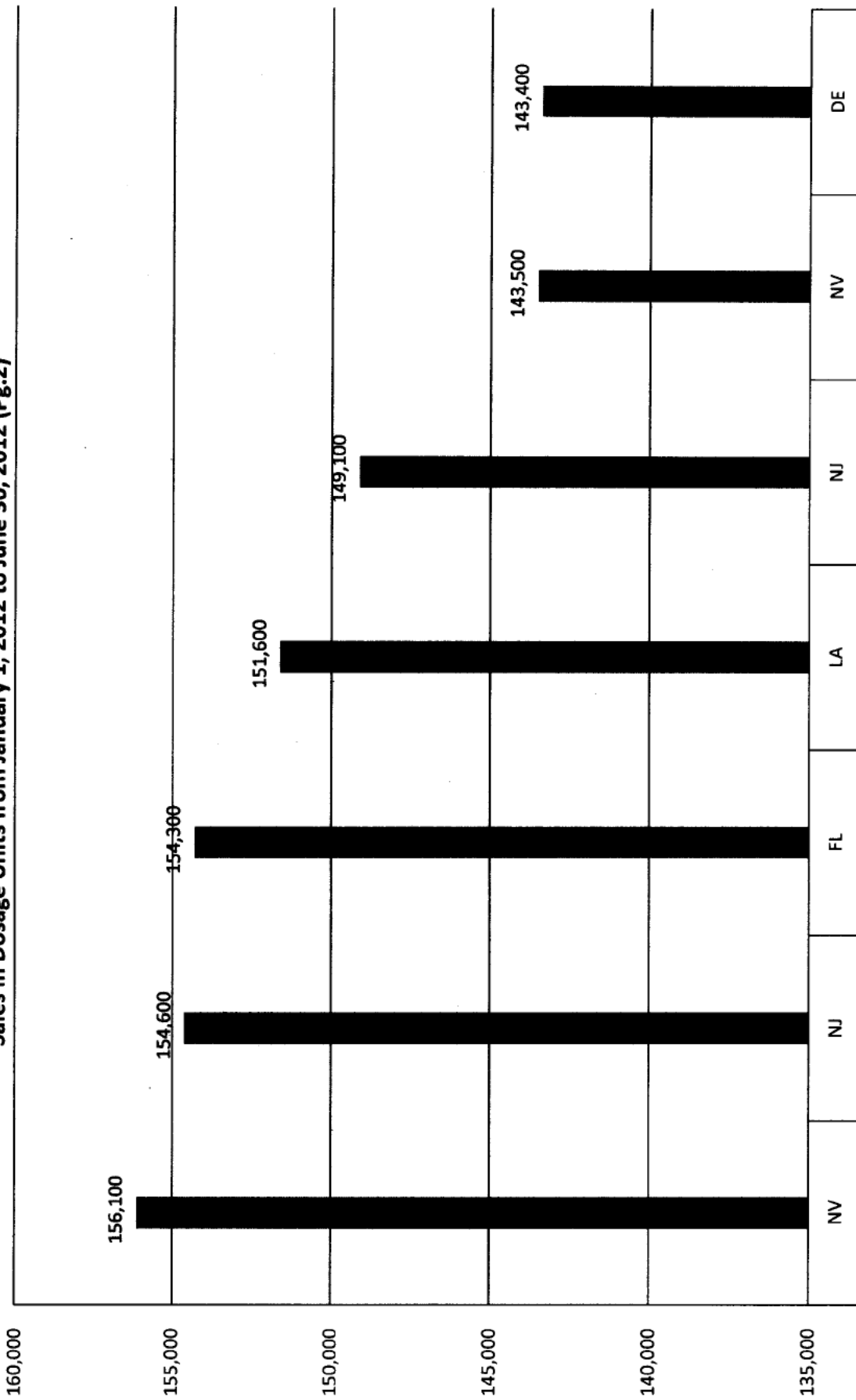
**Actavis Elizabeth, LLC (NDC 00228-2879-11 & NDC 52152-0215-02) Oxycodone 30mg
Customer Sales in Dosage Units from January 1, 2011 to December 31, 2011 (Pg.2)**



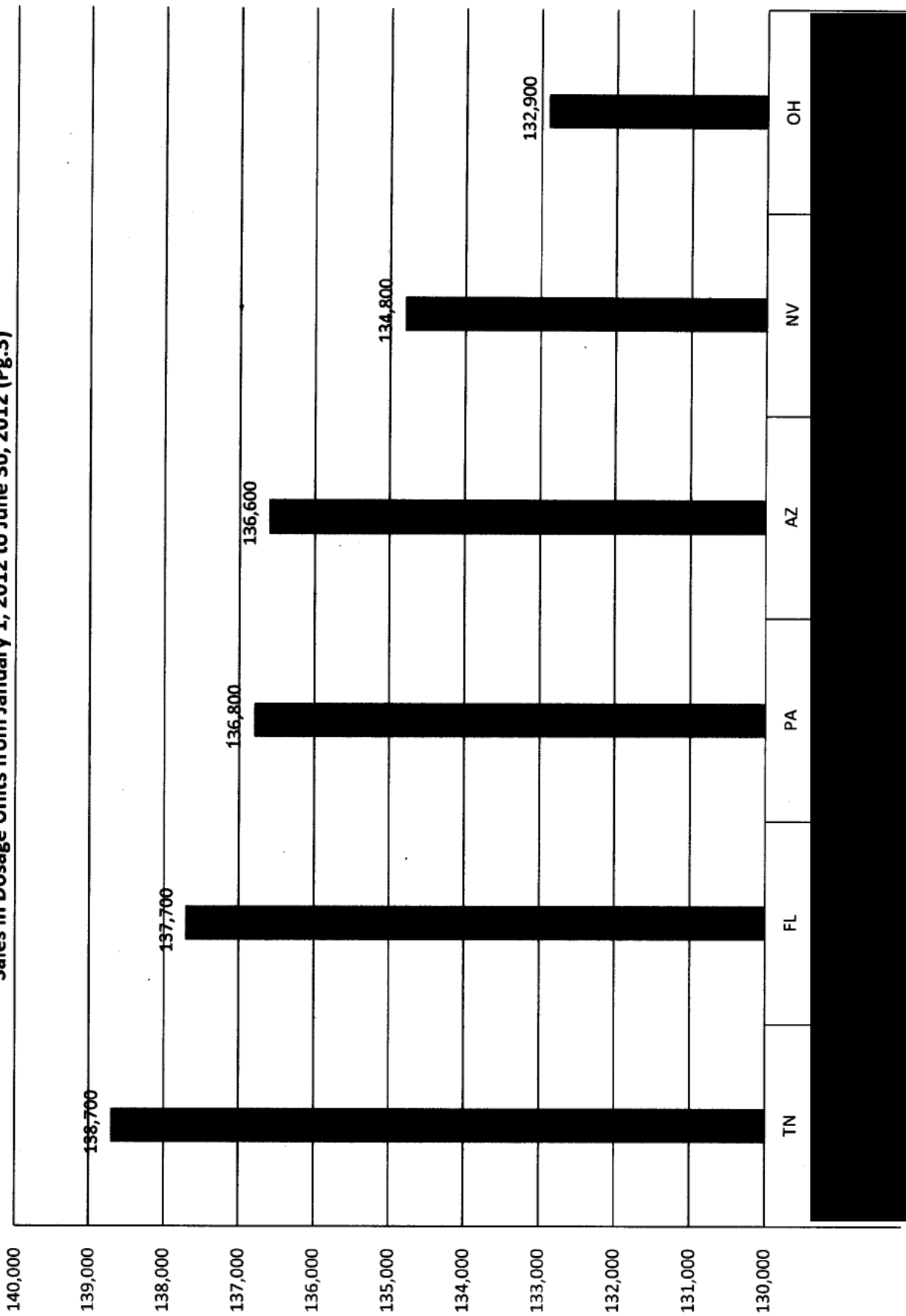
Actavis Elizabeth, LLC Oxycodone 30mg. (NDC 00228-2879-11)
Sales in Dosage Units from January 1, 2012 to June 30, 2012 Pg. (1)



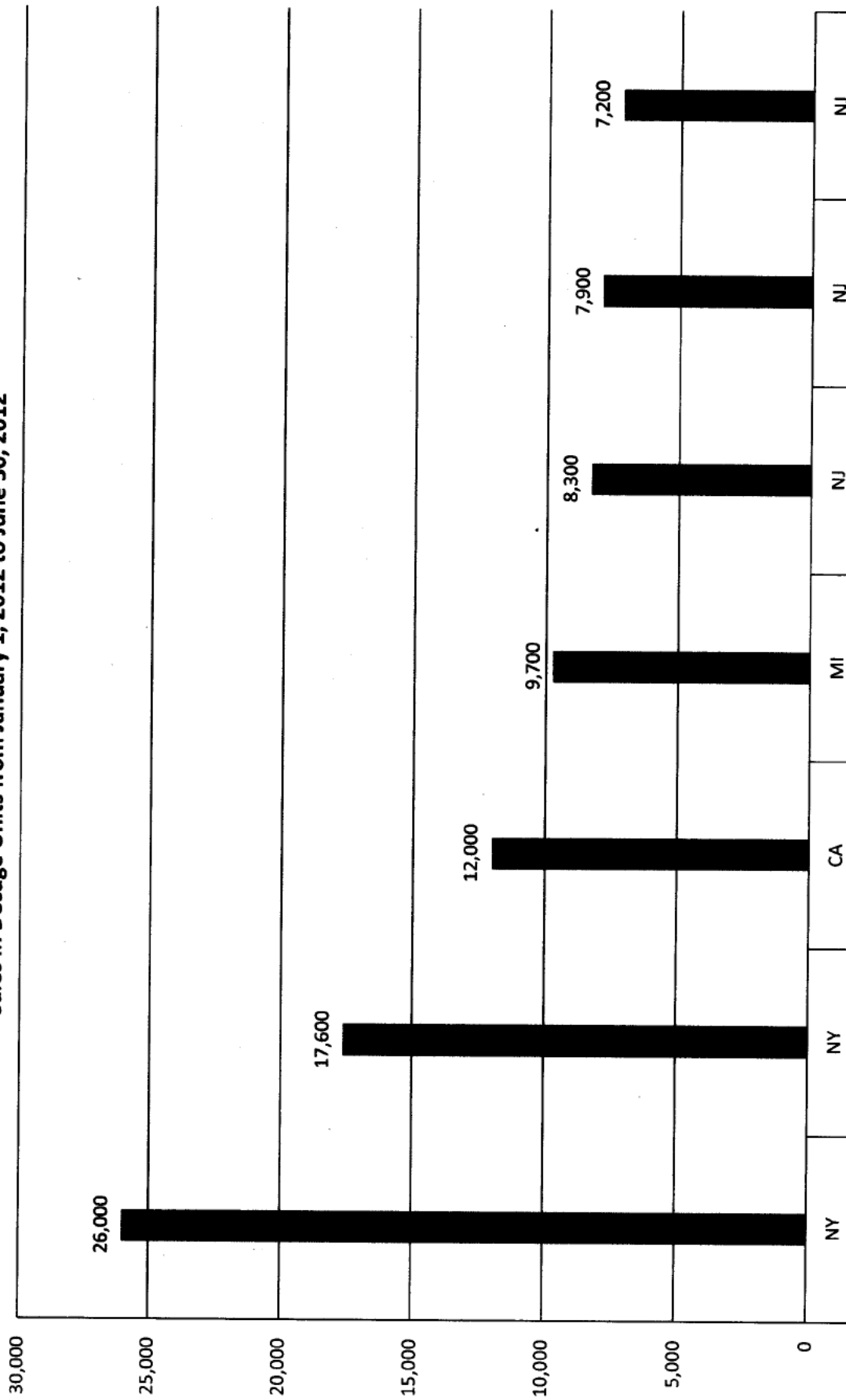
Actavis Elizabeth, LLC Oxycodone 30mg. (NDC 00228-2879-11)
Sales in Dosage Units from January 1, 2012 to June 30, 2012 (Pg.2)



Actavis Elizabeth, LLC Oxycodone 30mg. (NDC 00228-2879-11)
Sales in Dosage Units from January 1, 2012 to June 30, 2012 (Pg.3)

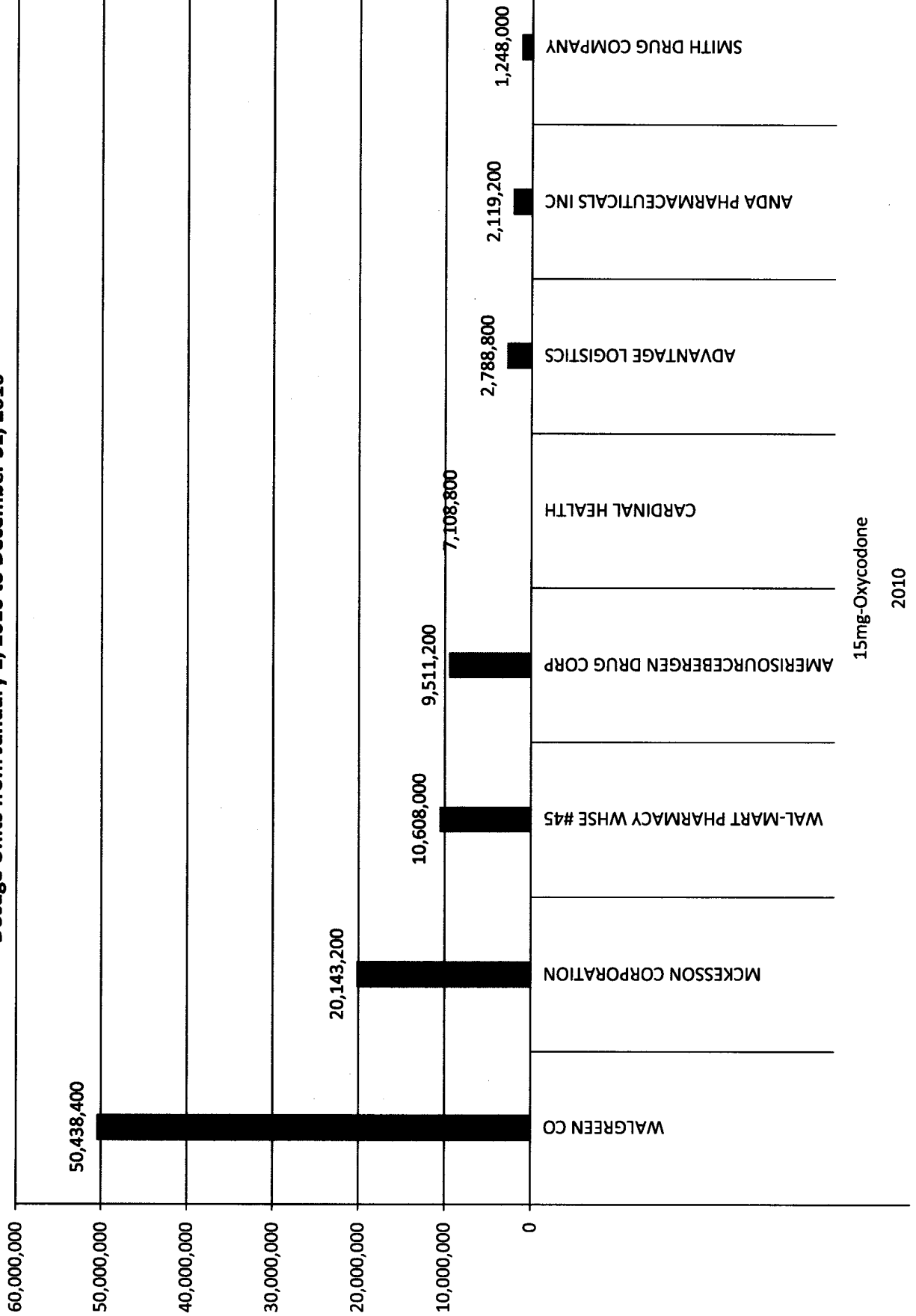


**Actavis Elizabeth, LLC Oxycodone 30mg. (NDC 52152-0215-02)
Sales in Dosage Units from January 1, 2012 to June 30, 2012**

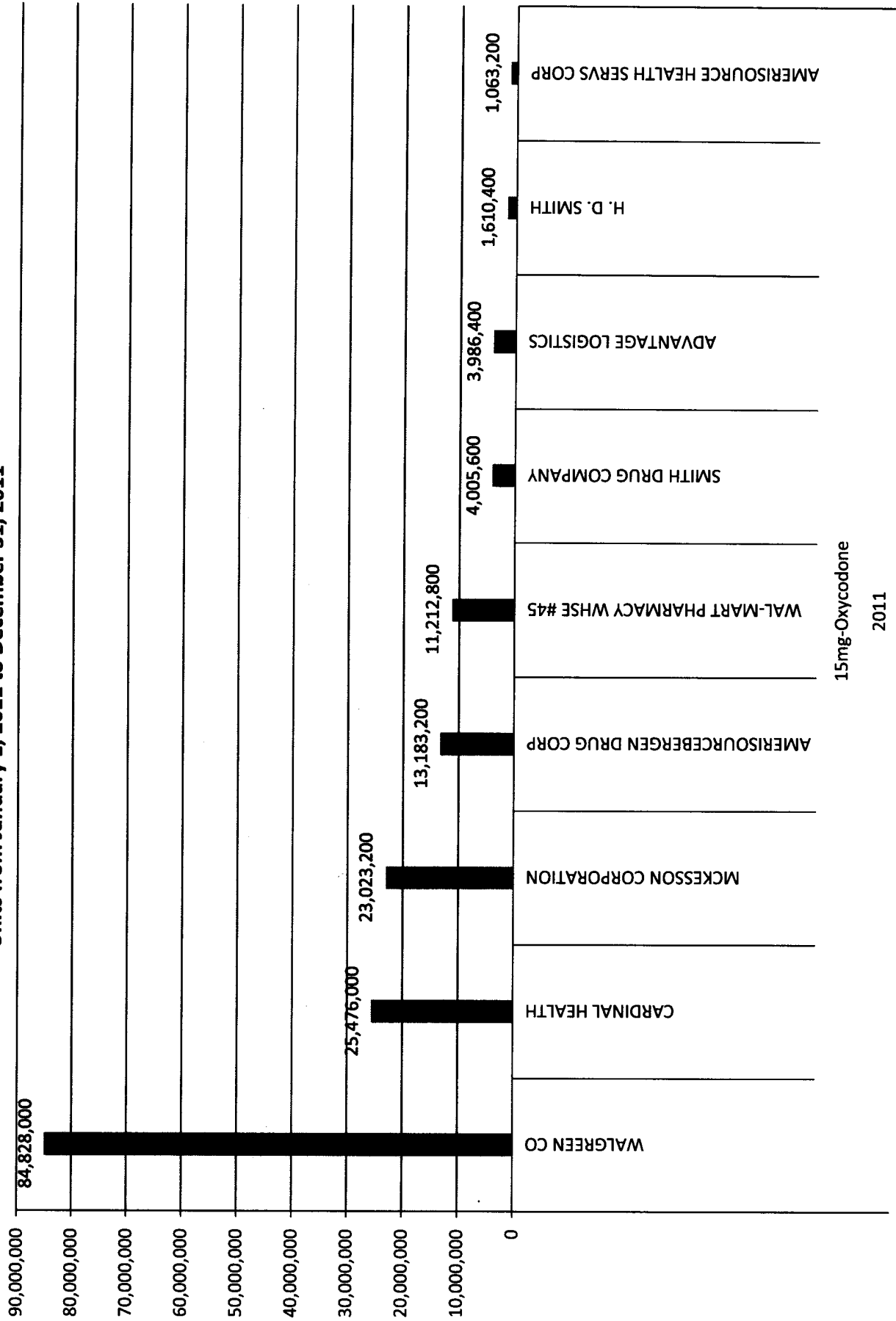


[REDACTED]

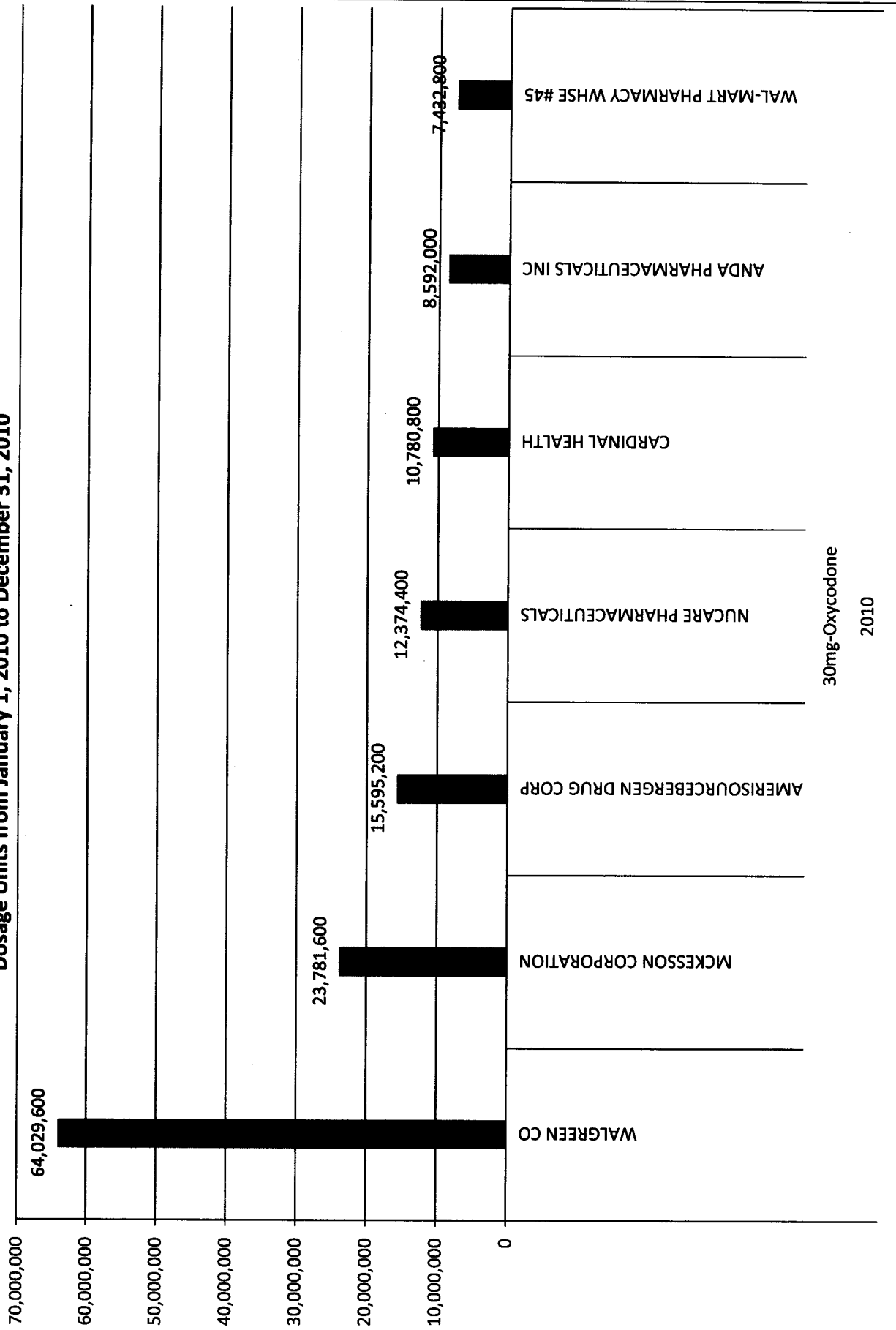
**UPS Supply Chain Solutions, Inc. (RU0346088) KY Sales in
Dosage Units from January 1, 2010 to December 31, 2010**



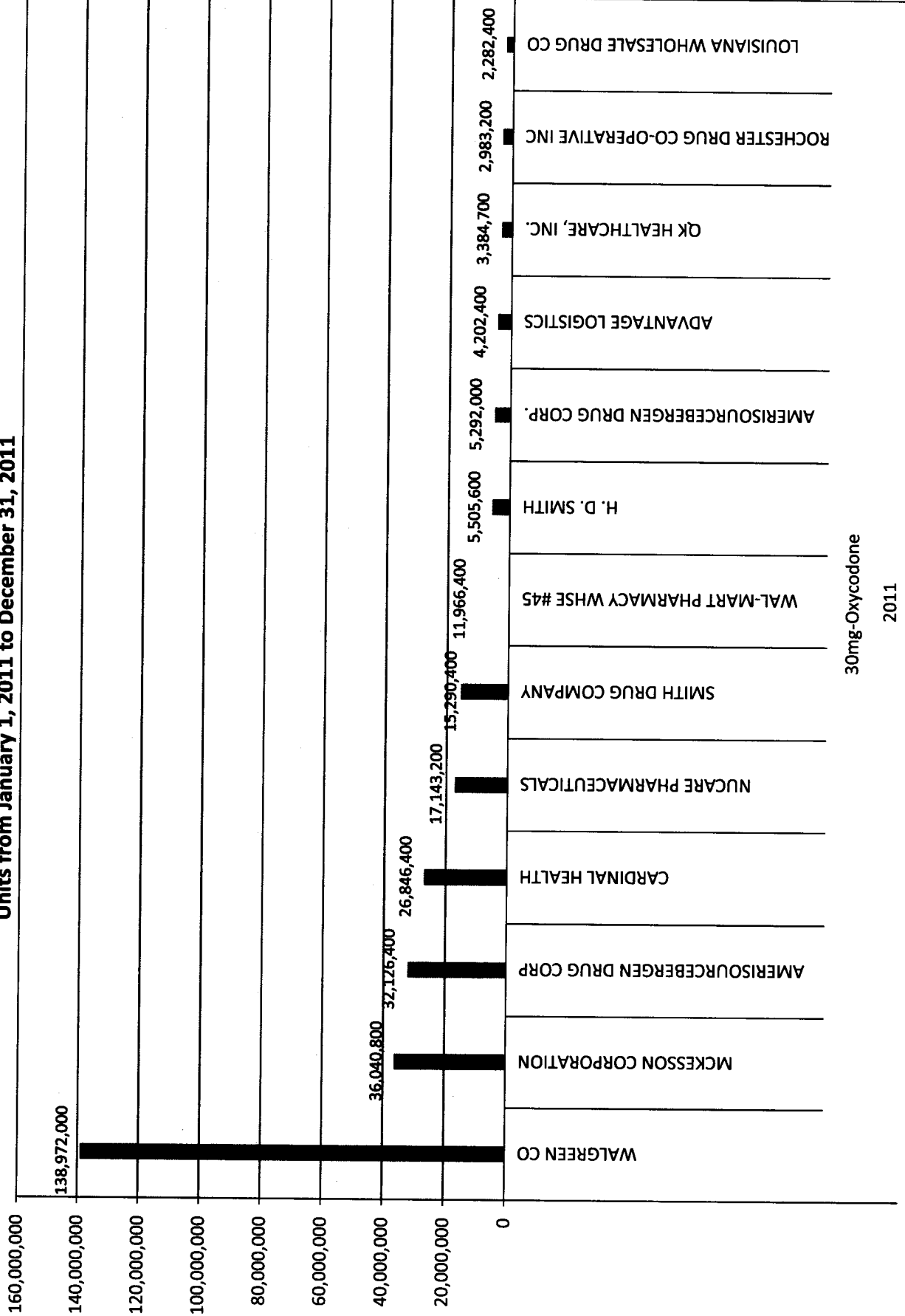
**UPS Supply Chain Solutions (RU0346088) KY Sales in Dosage
Units from January 1, 2011 to December 31, 2011**



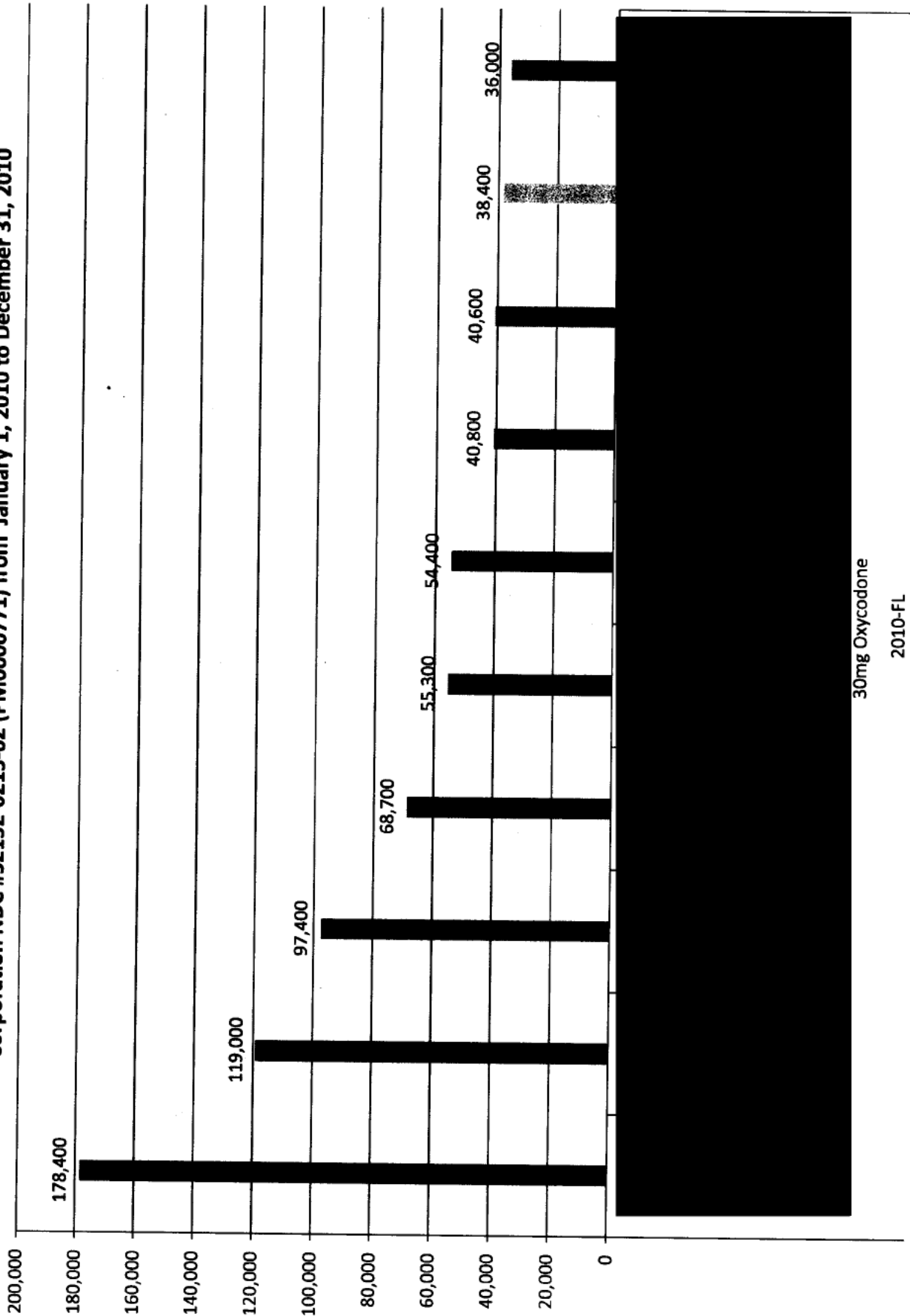
**UPS Supply Chain Solutions, Inc. (RU0346088) KY Sales in
Dosage Units from January 1, 2010 to December 31, 2010**



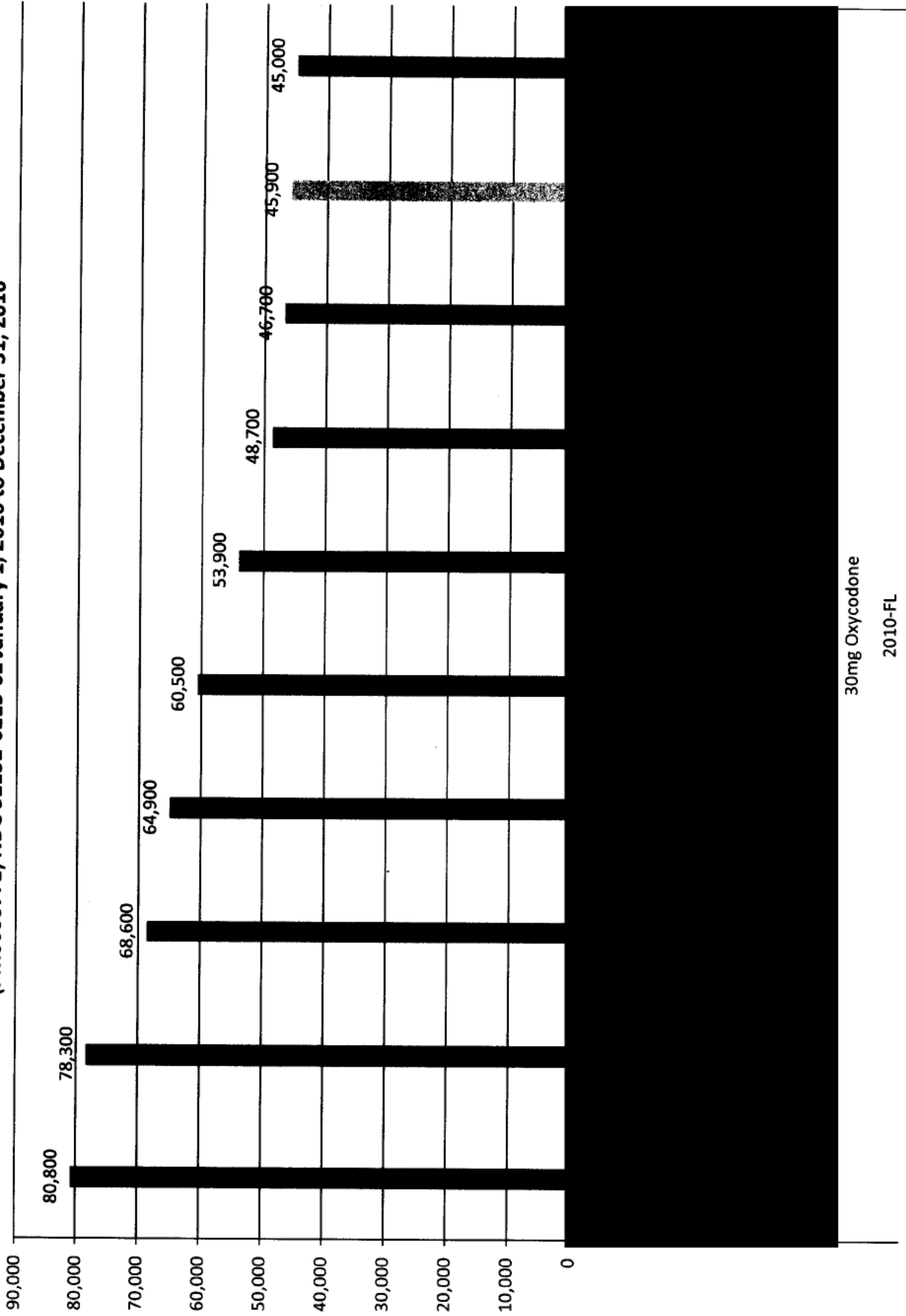
**UPS Supply Chain Solution, Inc. (RU0346088) KY Sales in Dosage
Units from January 1, 2011 to December 31, 2011**



Winn-Dixie Stores Purchases in Dosage Units of Actavis Oxycodone 30mg Tablets from McKesson Corporation NDC #52152-0215-02 (PM0000771) from January 1, 2010 to December 31, 2010



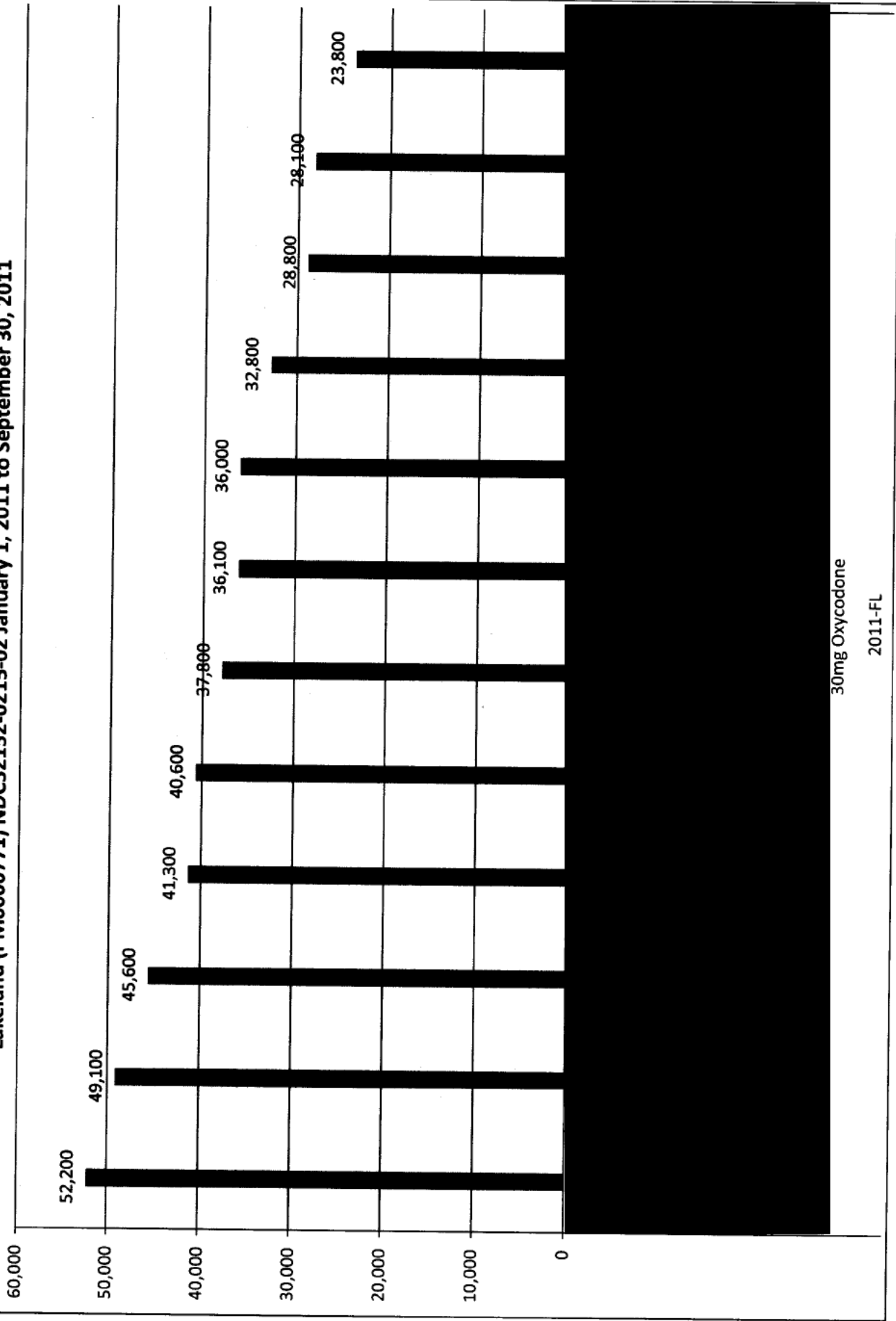
**Publix Stores Purchases in Dosage Units from McKesson Corporation Lakeland
(PM0000771) NDC 52152-0215-02 January 1, 2010 to December 31, 2010**



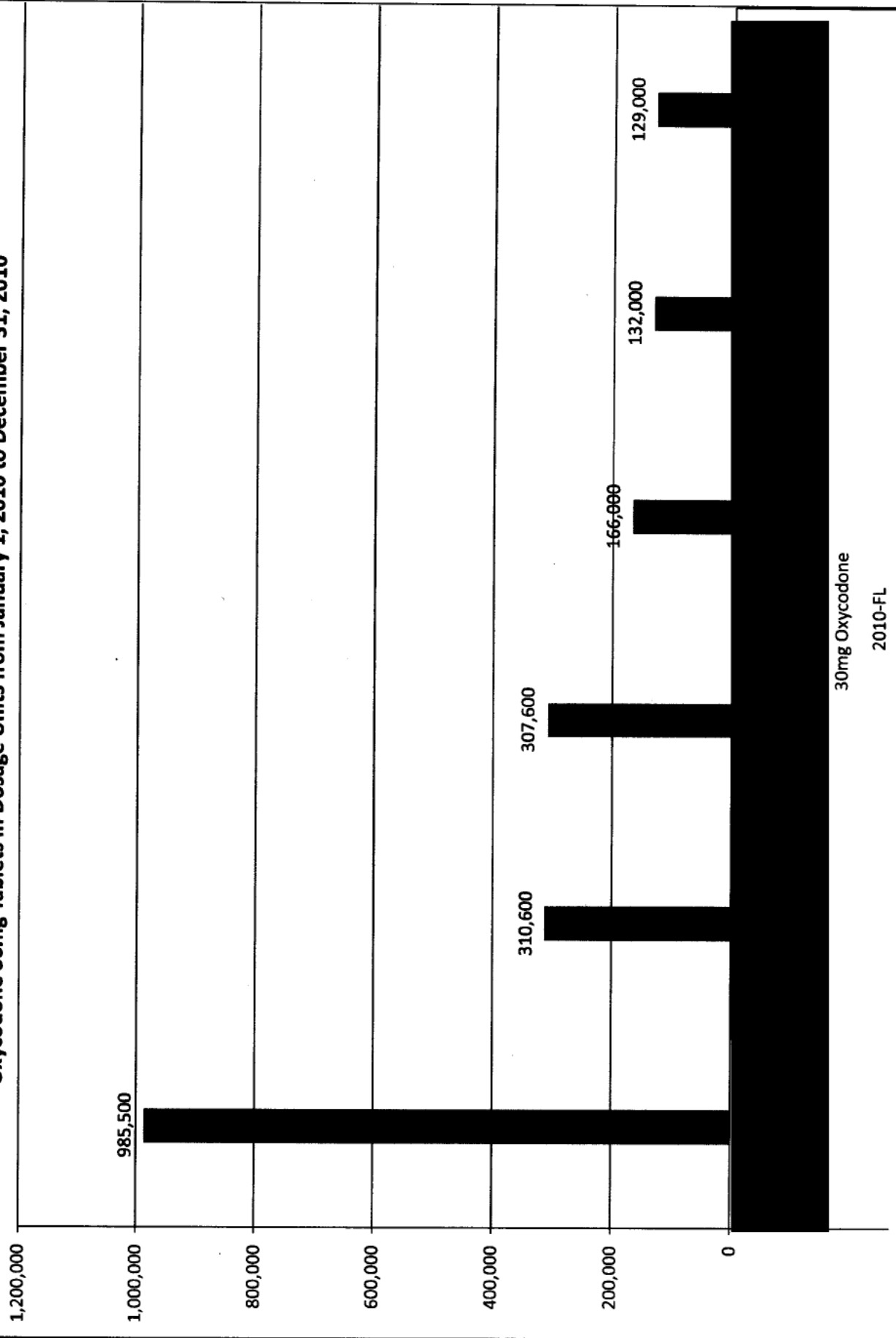
30mg Oxycodone

2010-FL

**Publix Super Markets Purchases in Dosage Units from McKesson Corporation
Lakeland (PM0000771) NDC52152-0215-02 January 1, 2011 to September 30, 2011**

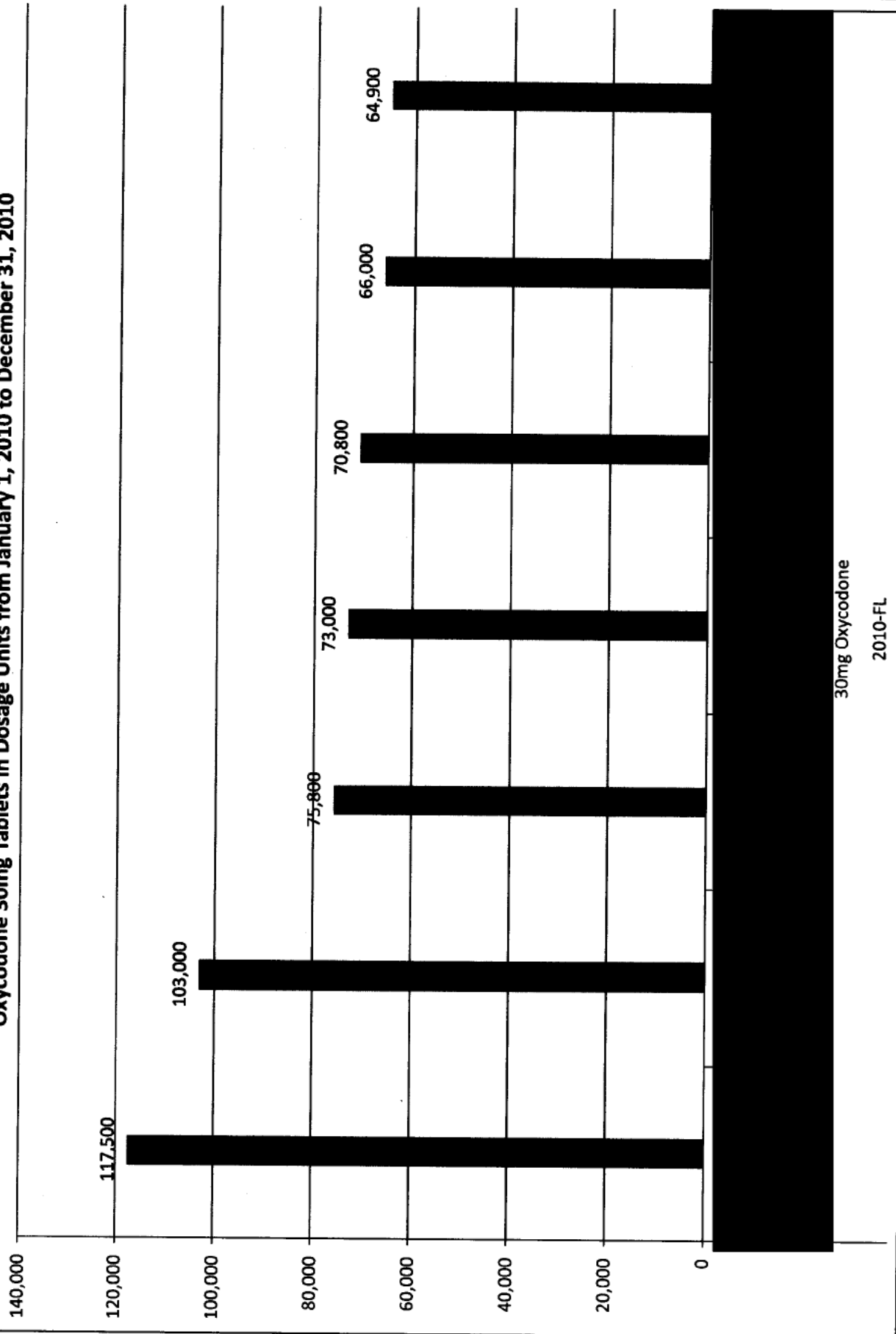


**McKesson Corporation Lakeland (PM0000771) NDC #52152-0215-02 Sales of Actavis
Oxycodone 30mg Tablets in Dosage Units from January 1, 2010 to December 31, 2010**

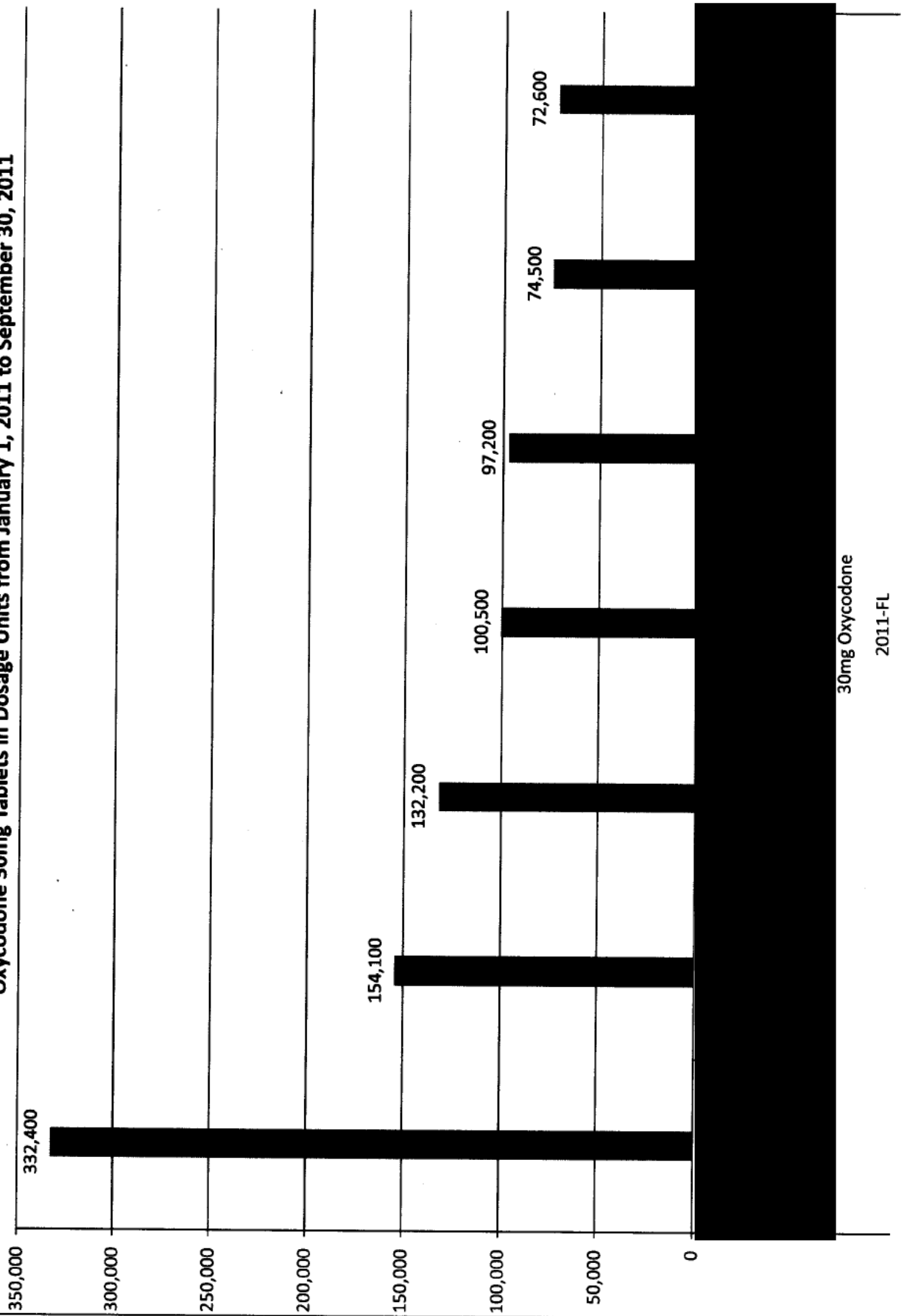


30mg Oxycodone
2010-FL

**McKesson Corporation (Lakeland) PM0000771 NDC# 52152-0215-02 Sales of Actavis
Oxycodone 30mg Tablets in Dosage Units from January 1, 2010 to December 31, 2010**

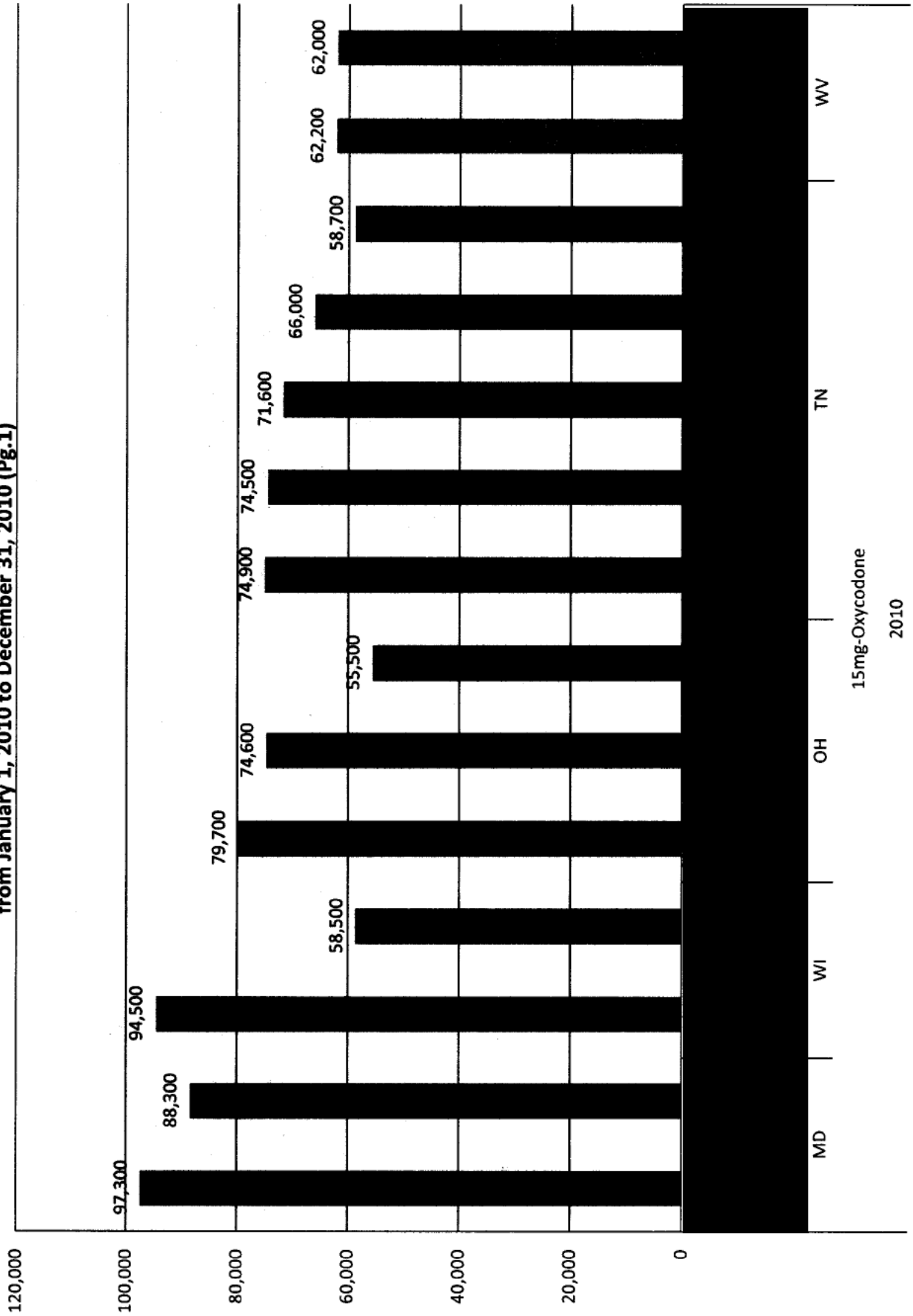


**McKesson Corporation Lakeland (PM0000771) NDC52152-0215-02 Sales of Actavis
Oxycodone 30mg Tablets in Dosage Units from January 1, 2011 to September 30, 2011**

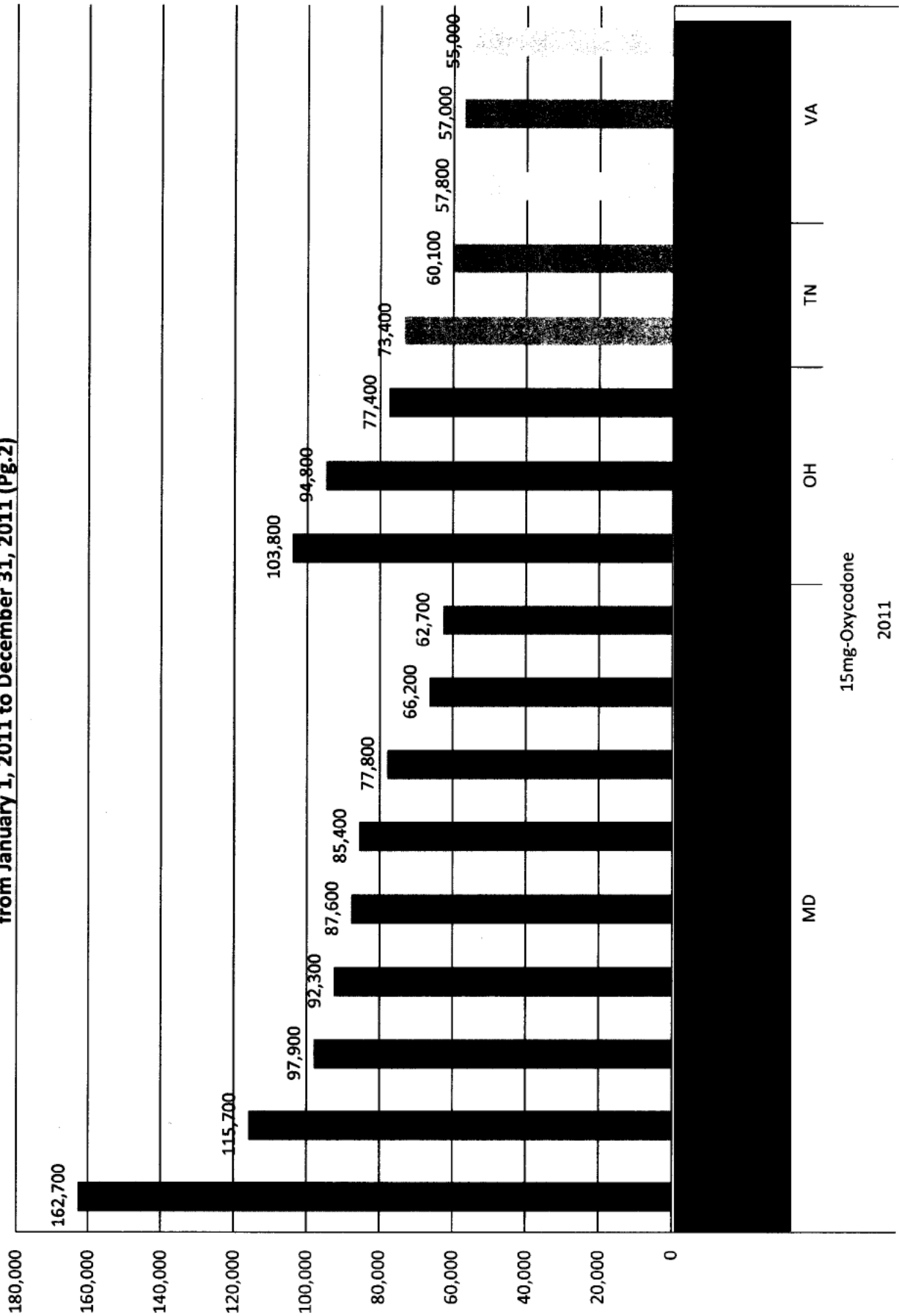


30mg Oxycodone
2011-FL

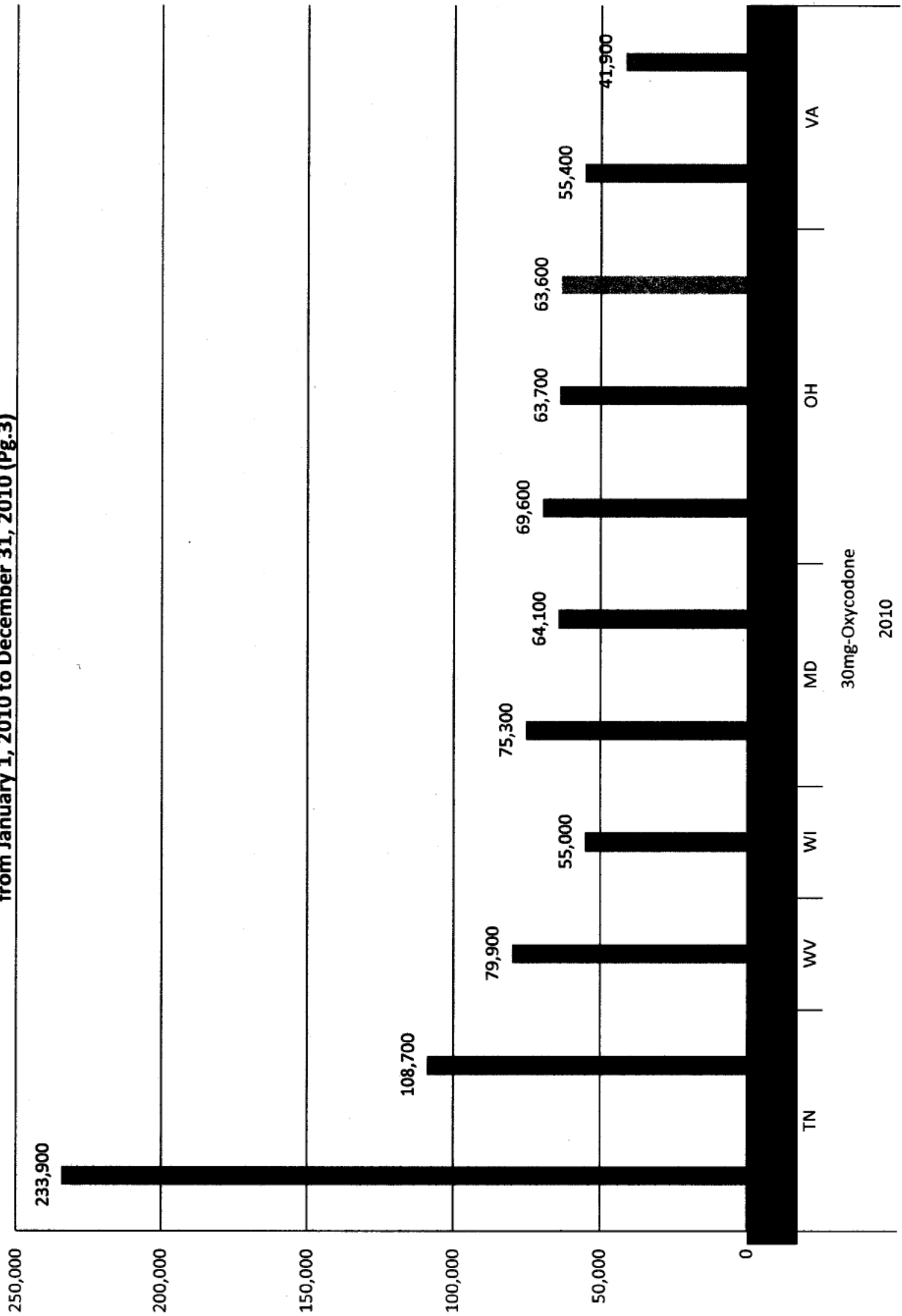
**Walgreen Co. (RW0294493) OH Sales in Dosage Units
from January 1, 2010 to December 31, 2010 (Pg.1)**



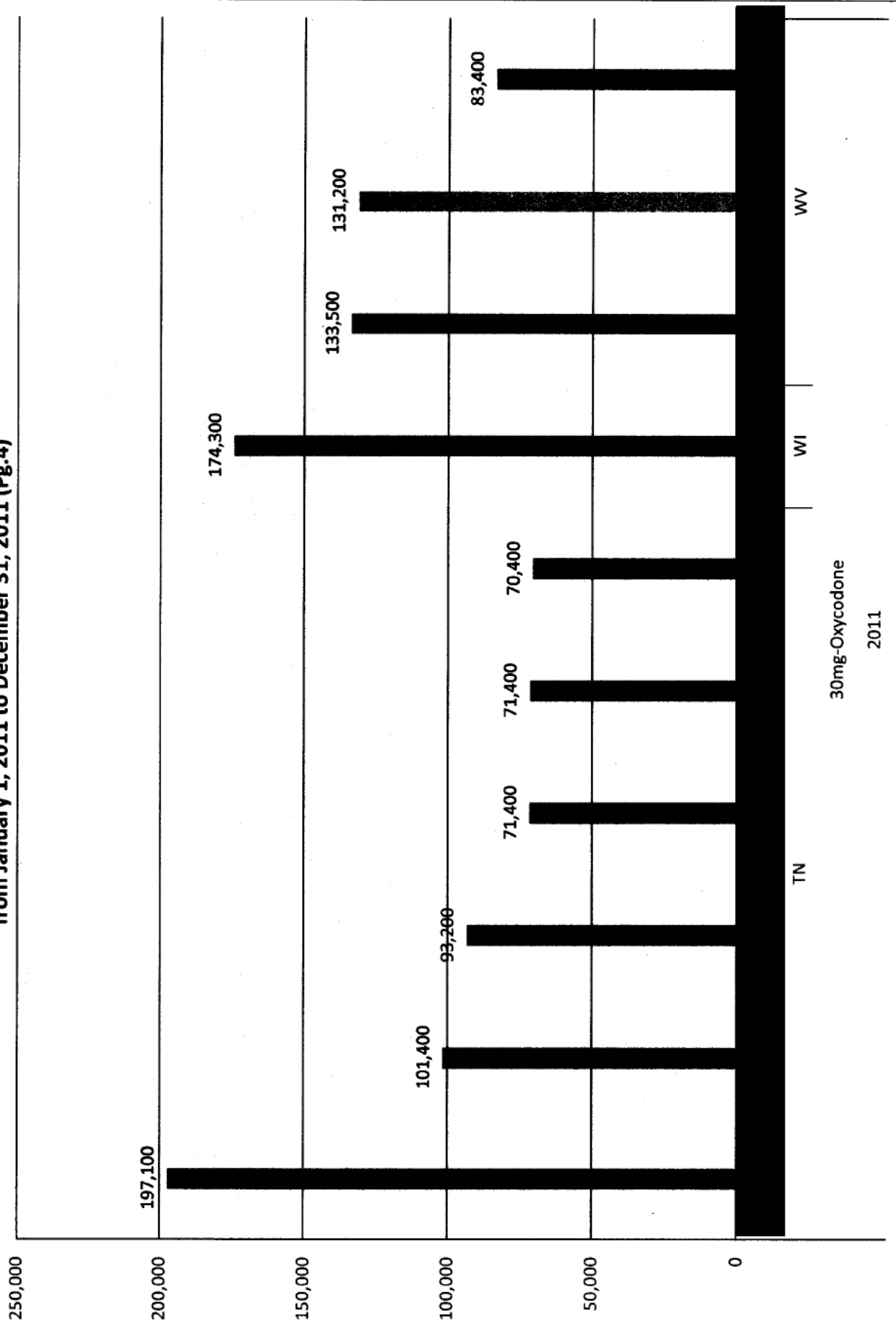
**Walgreen Co. (RW0294493) OH Sales in Dosage Units
from January 1, 2011 to December 31, 2011 (Pg.2)**



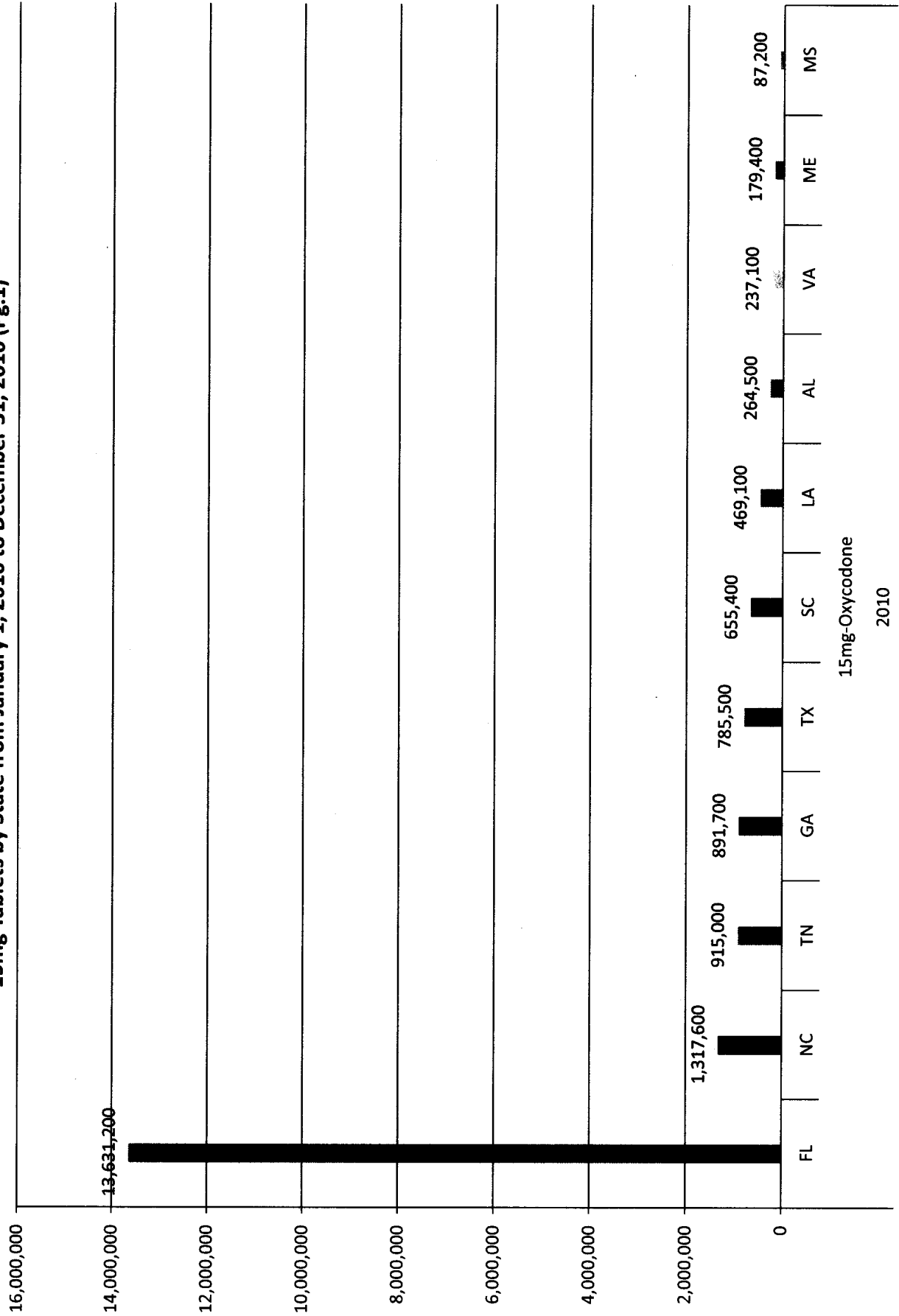
**Walgreen Co. (RW0294493) OH Sales in Dosage Units
from January 1, 2010 to December 31, 2010 (Pg.3)**



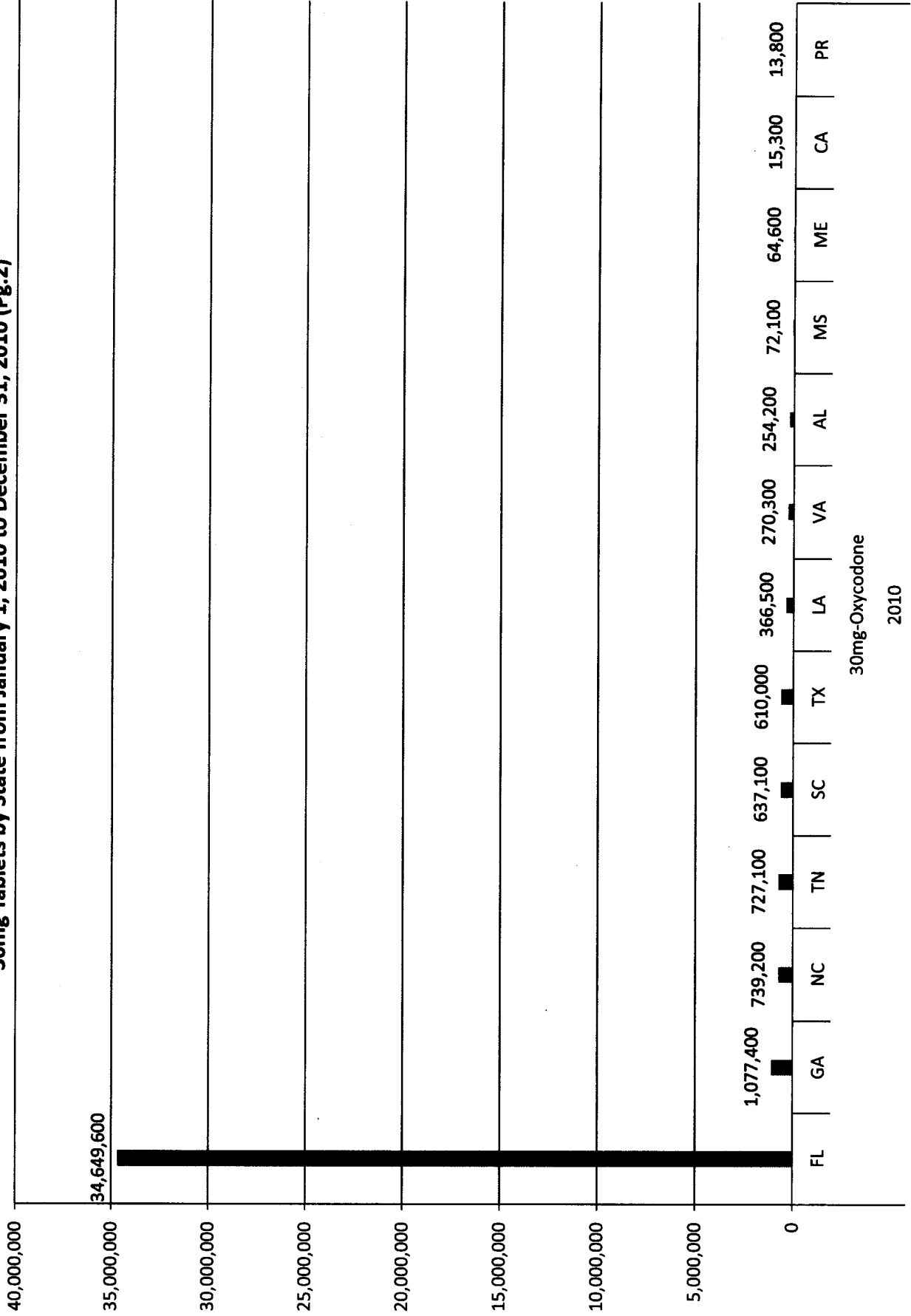
**Walgreen Co. (RW0294493) OH Sales in Dosage Units
from January 1, 2011 to December 31, 2011 (Pg.4)**



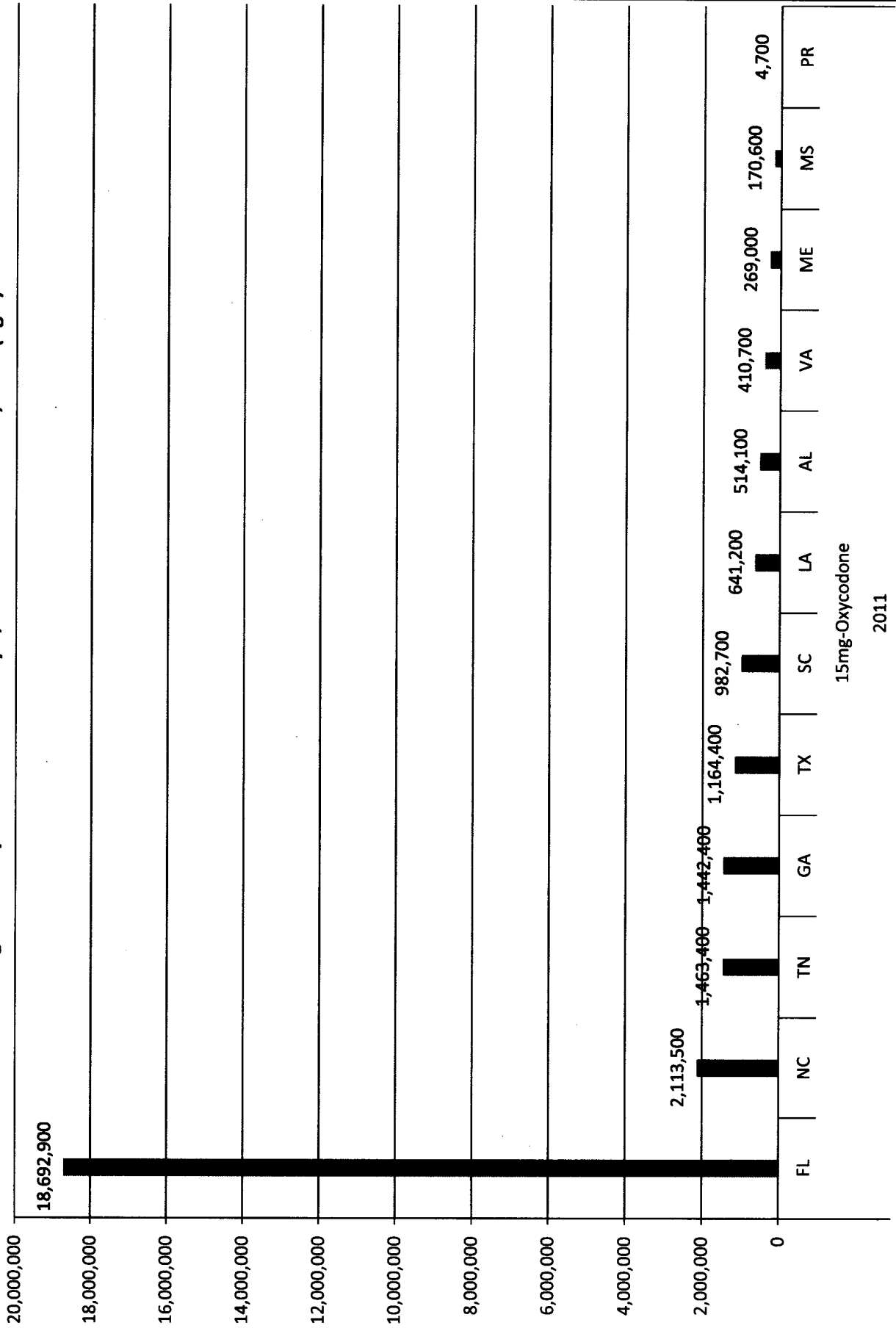
**Walgreen Co. (RW0277752) FL Sales in Dosage Units of Actavis Oxycodone
15mg Tablets by State from January 1, 2010 to December 31, 2010 (Pg.1)**



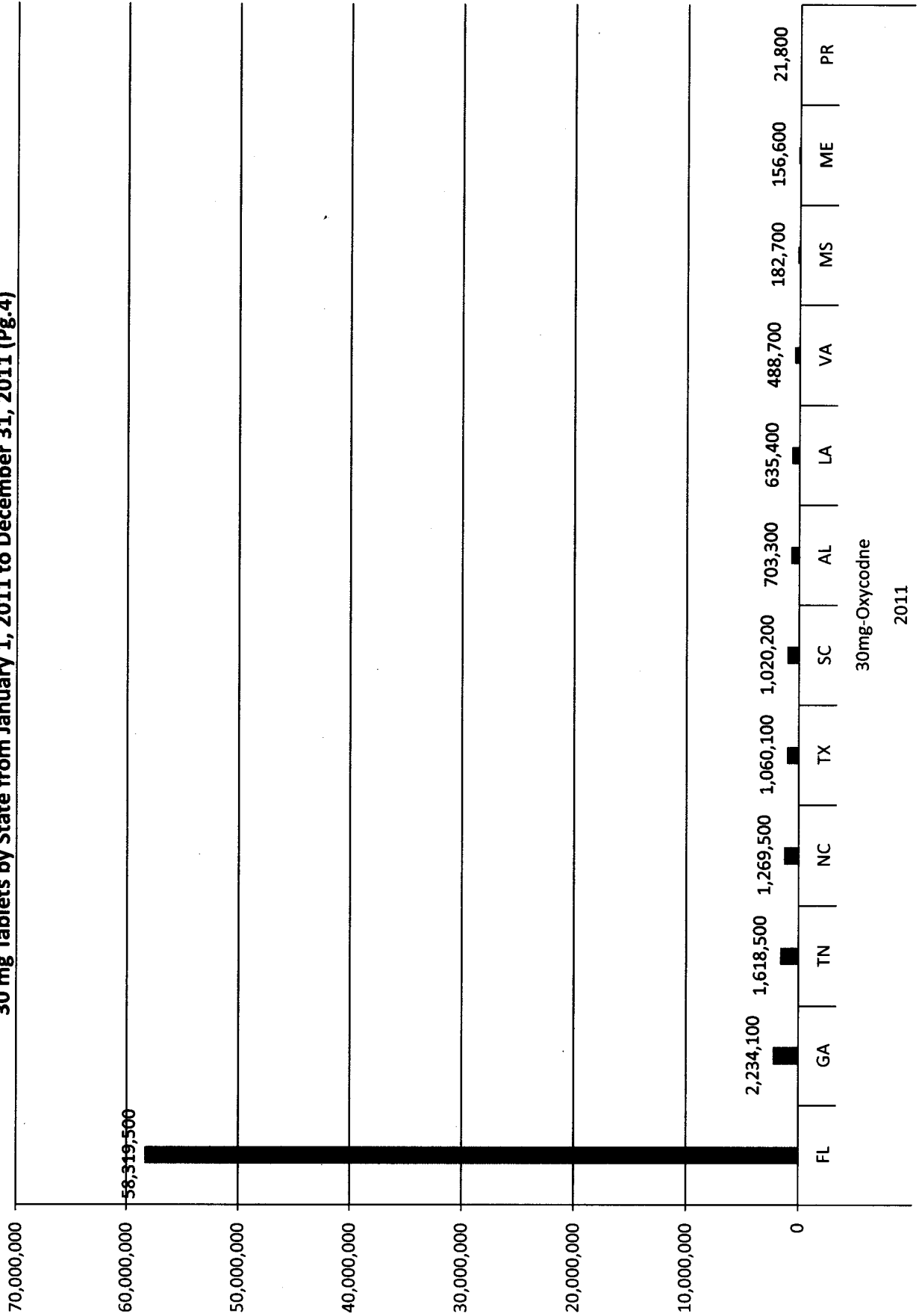
**Walgreen Co. (RW0277752) FL Sales in Dosage Units of Actavis Oxycodone
30mg Tablets by State from January 1, 2010 to December 31, 2010 (Pg.2)**



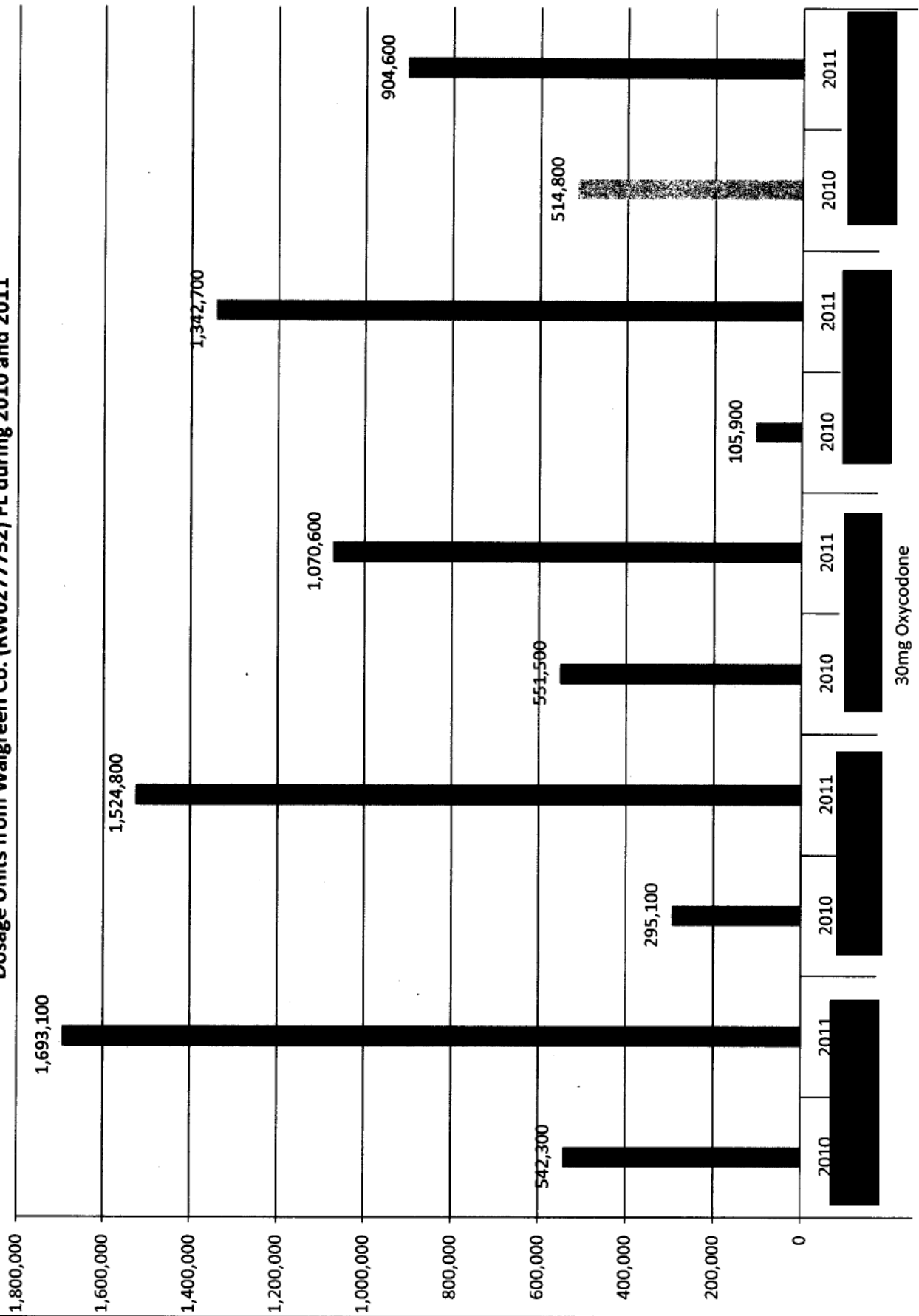
**Walgreen Co. (RW0277752) FL Sales in Dosage Units of Actavis Oxycodone
15mg Tablets by State from January 1, 2011 to December 31, 2011 (Pg.3)**



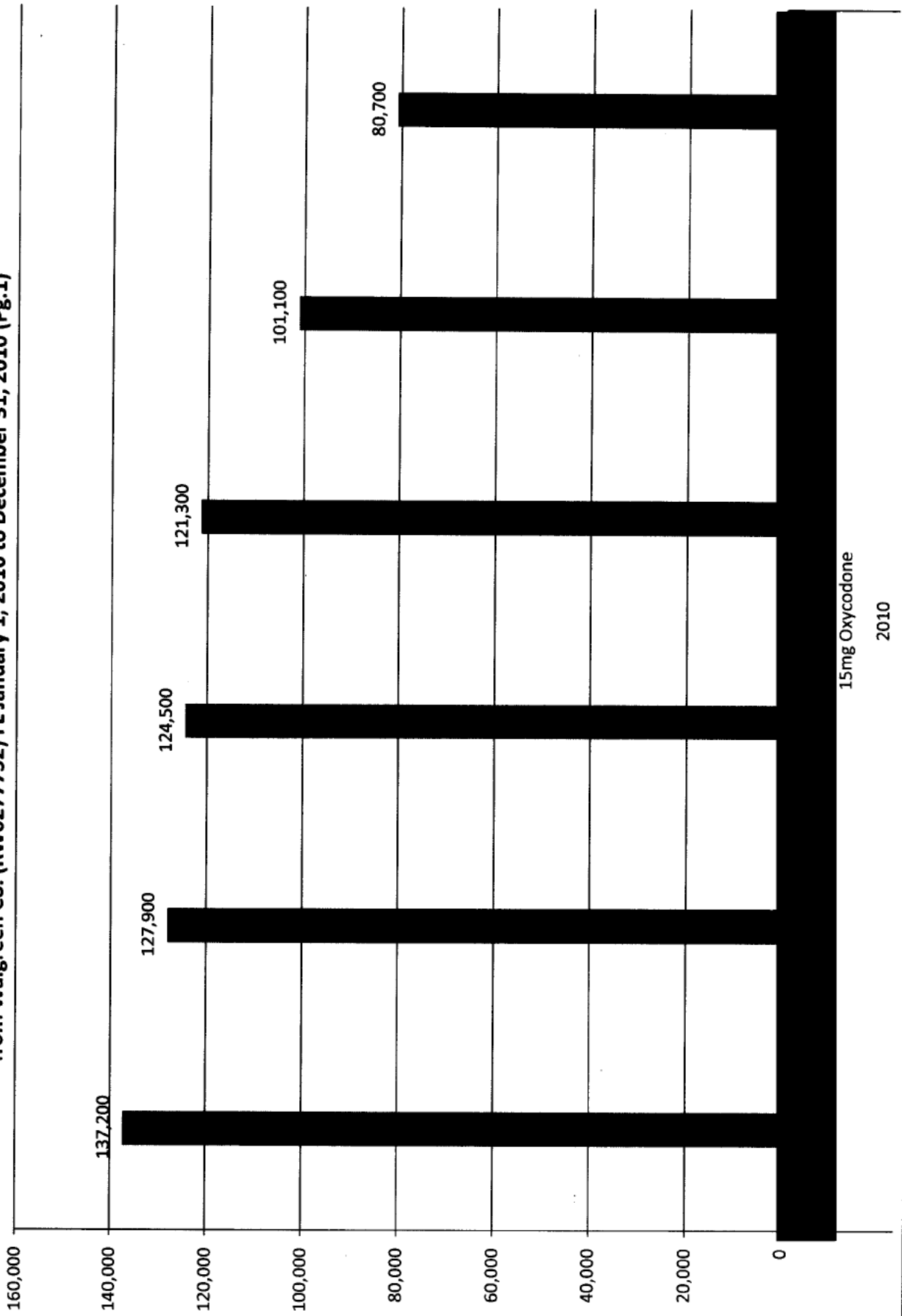
**Walgreen Co. (RW0277752) FL Sales in Dosage Units of Actavis Oxycodone
30 mg Tablets by State from January 1, 2011 to December 31, 2011 (Pg.4)**



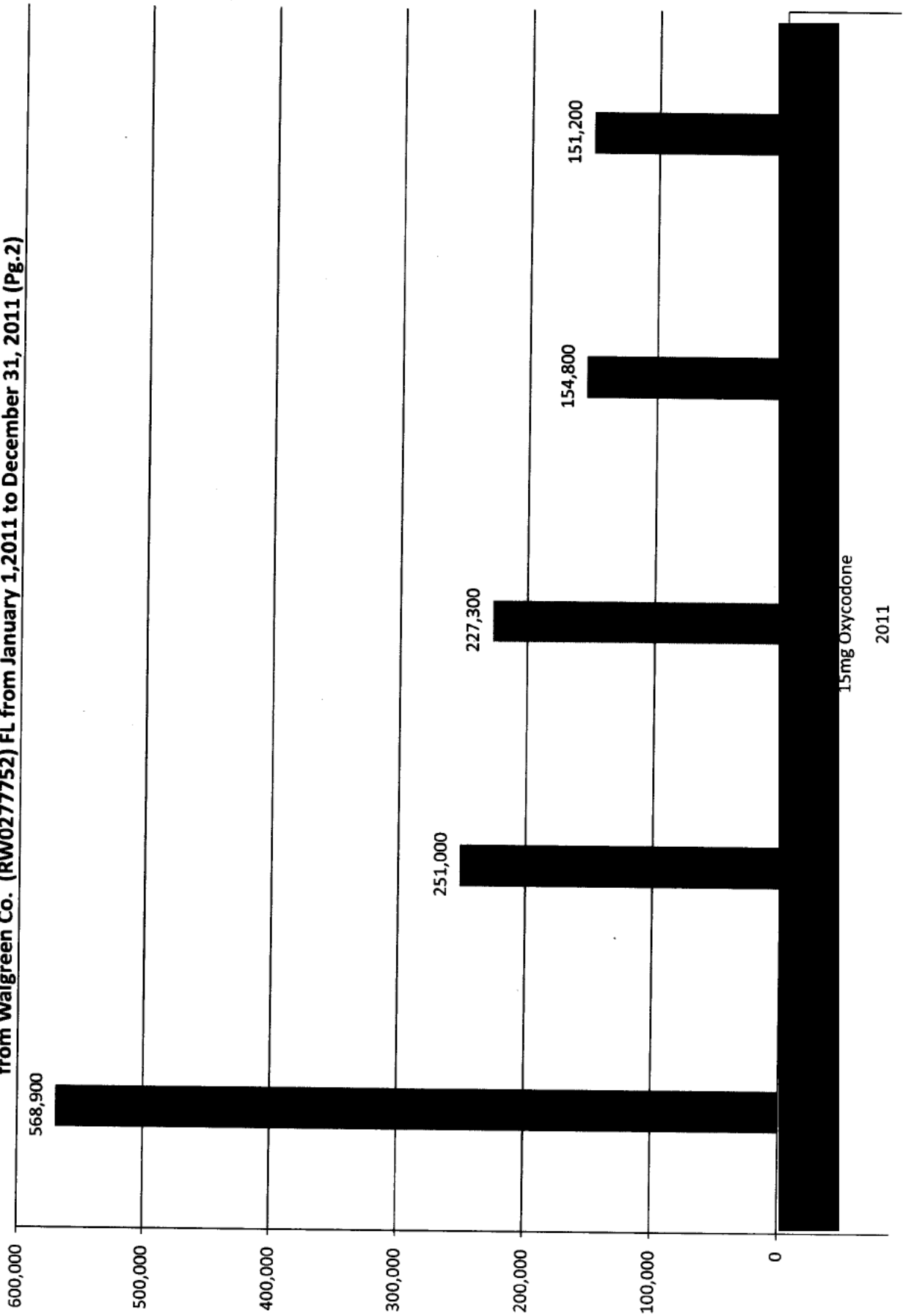
Walgreen Pharmacies Purchases of Actavis Oxycodone 30mg Tablets in Dosage Units from Walgreen Co. (RW0277752) FL during 2010 and 2011



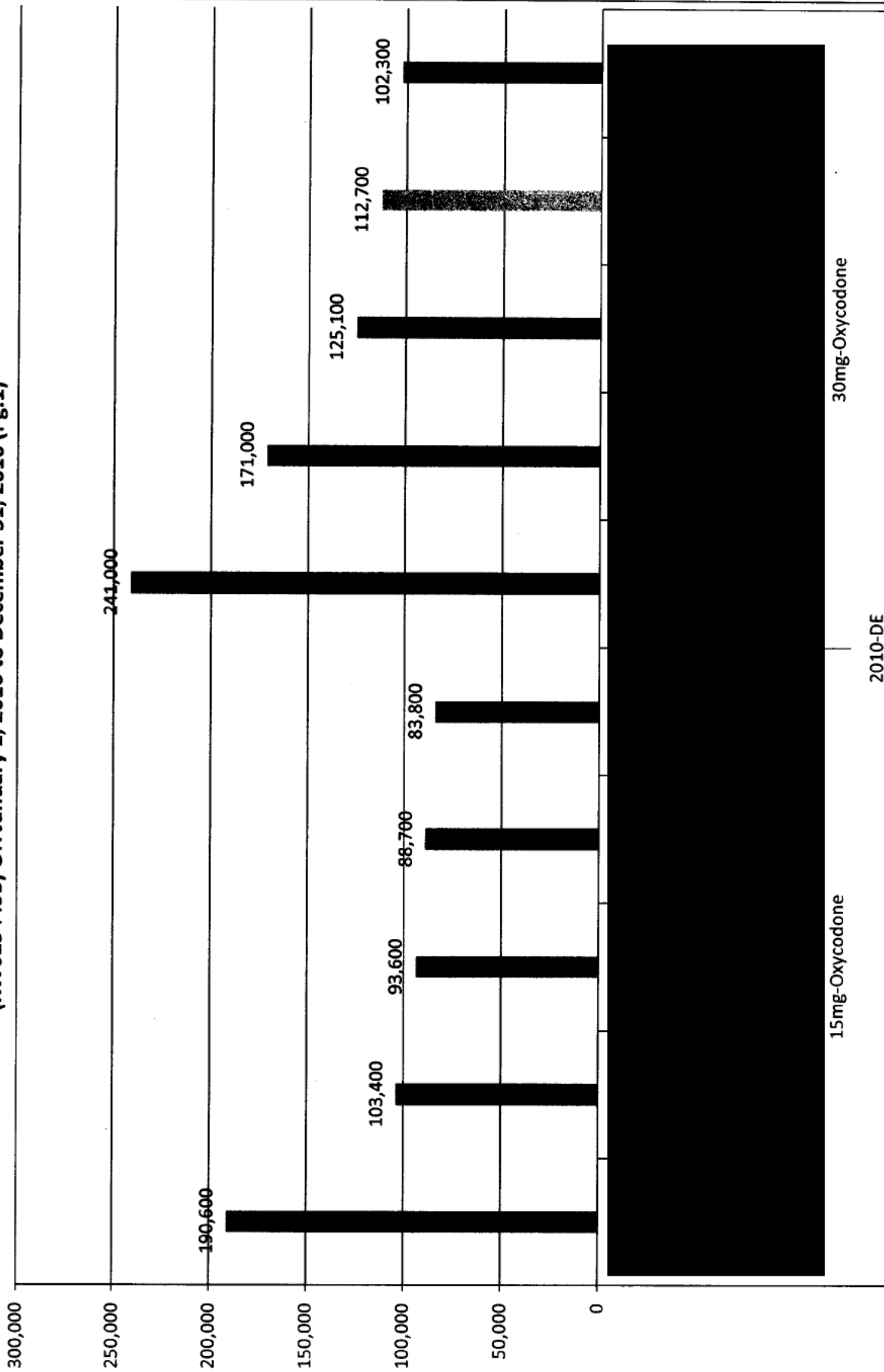
Walgreen Pharmacies Purchases of Actavis Oxycodone 15mg Tablets in Dosage Units
from Walgreen Co. (RW0277752) FL January 1, 2010 to December 31, 2010 (Pg.1)



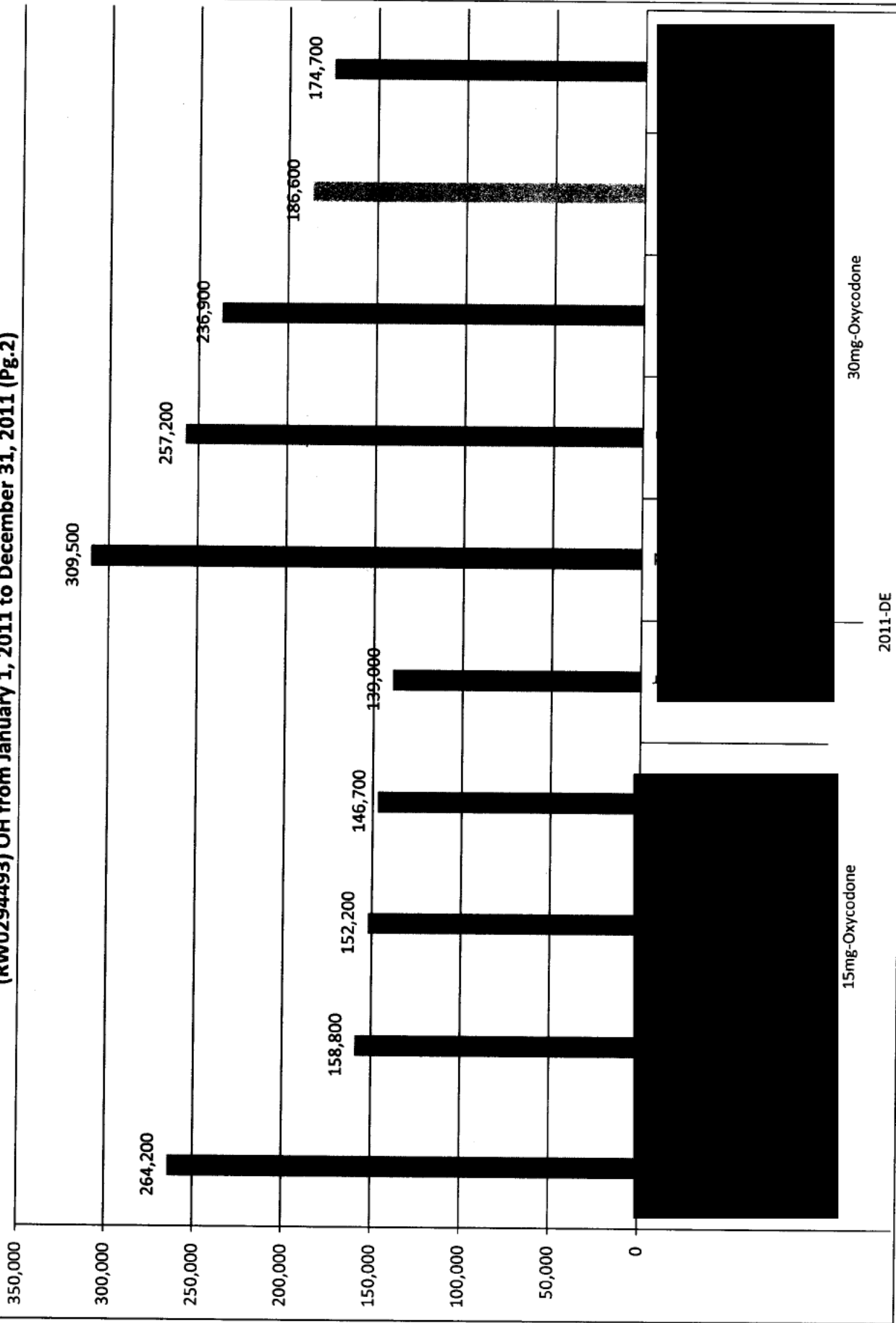
Walgreen Pharmacies Purchases of Actavis Oxycodone 15mg Tablets in Dosage Units
from Walgreen Co. (RW0277752) FL from January 1, 2011 to December 31, 2011 (Pg.2)



Happy Harry's Inc. Purchases in Dosage Units from Walgreen Co.
(RW0294493) OH January 1, 2010 to December 31, 2010 (Pg.1)



Happy Harry's Inc. Purchases in Dosage Units from Walgreens Co.
(RW0294493) OH from January 1, 2011 to December 31, 2011 (Pg.2)



Suggested Questions a Distributor should ask prior to shipping controlled substances.

This list of questions is not intended to be all inclusive nor should it be interpreted that every situation or registrant activity is covered. This questionnaire is provided to assist the distributor to formulate a better understanding of who their customers are and whether or not they should sell to them controlled substances. It is incumbent upon you, the distributors, to ensure that sales to your customers are for legitimate purposes. It is further incumbent upon you to identify illicit or suspicious activities which may result in the diversion of controlled substances.

The use of this questionnaire should not be construed in any manner to be a mechanism or means that you have fully met the criteria and actions required by 21 USC 823 or other state and federal laws that are applicable.

Possible questions for a pharmacy:

- Does the pharmacy fill **prescriptions via the Internet**? If so, is the pharmacy registered with **the DEA under the Ryan Haight Act**?
- Is this a mail order pharmacy (fills prescriptions for insurance, etc.)?
Note: A pharmacist may claim to be mail order pharmacy but may actually be operating **as an Internet pharmacy**. Do not accept the response to this question at face value.
- Is the pharmacy **licensed** in all states for which it mails or fills prescriptions?
- Does the pharmacy report to all states that have prescription monitoring programs in which their customers reside and to whom they dispense?
- Does the pharmacy provide services for any specialty customers such as Long Term Health Care, Hospice Centers, Assisted Care Living Facilities, etc.?
- Does the pharmacy have staff or a private firm that solicits practitioners to get more business?
- What is the pharmacy's ratio of controlled vs. non-controlled orders?
- Does the pharmacy order a full variety of controlled substances and are they fairly evenly dispersed? If not, why the disparity?
- What are the hours of operation of the pharmacy?
- Does the pharmacy offer a full assortment of sundries to its customers (e.g., aspirin, snacks, cosmetics, etc.)?
- Does the pharmacy have security guards on the premises? If so, why?
- What methods of payment does the pharmacy accept (cash, insurance, Medicaid, and in what ratios)?
- Who is the pharmacy's primary supplier?
- Does the pharmacy order from other suppliers as well? If so, why and what controlled substances?
- If this is a new account, why does the pharmacy want you to be their supplier?

- If you are not the only supplier, what controlled substances will the pharmacy be ordering from you, in what quantities, in what time frame, and will they be ordering these same products from other suppliers?
- What ratio will you be supplying compared to other suppliers?
- Does the pharmacy fill prescriptions for out of state customers? If so, for how many out of state customers does the pharmacy fill (ratio or approximate number)?
- If the pharmacy fills prescriptions for Pain Management or other specialty practitioners (diet, oncology, etc.), is the pharmacist comfortable with the prescribing practices of the practitioner?
- Has the pharmacist questioned or been uncomfortable with, the prescribing practices of any practitioner?
- Has the pharmacy ever refused to fill prescriptions for a practitioner? If so, why and who?
- Are there particular practitioners who constitute most of the prescriptions it fills? Who are these practitioners (Name and DEA registration number)?
- Does the pharmacy have any exclusive contracts, agreements, arrangements, etc., with any particular practitioner, business group, investors, etc.? If so, explain those arrangements and/or obtain copies of those agreements.
- Is the pharmacist comfortable enough with the prescribing practices of any or all practitioners for which they fill, to stake their professional livelihood on it?
- Does the pharmacy supply, order for, or sell to any practitioners or other pharmacies?
- How does the pharmacy sell/transfer controlled substances to other pharmacies or practitioners? Via a prescription, sales invoice, or DEA Form-222? (Transfer by prescriptions is not authorized).

Possible questions for a practitioner:

- What is the practitioner's specialty, if any (family practice, oncology, geriatrics, pain management, etc.)?
- Do the controlled substances being ordered correspond to his specialty or the treatment he provides?
- What method of payment does the practitioner accept (cash, insurance, Medicare) and what is the ratio of each?
- Has the practitioner ever been disciplined by any state or federal authority?
- How many patients does the practitioner see each day? What is his weekly average?
- Does the practitioner prescribe as well as dispense?
- Why does the practitioner prefer to dispense as opposed to prescribe?
- Who was the practitioner's previous supplier? Are they still ordering from this supplier? If not, why are they looking for a new supplier?
- Do the hours of operation and the facility accommodate the type of practice being conducted?
- Does the practitioner's office have security guards on-site? If so, why?

- Are all applicable state, federal, local licenses current and are they issued for the registered address at which the practitioner is practicing?
- Does the practitioner see out of state patients? If so,
 - From what states,
 - How many,
 - Approximate ratio of out of state compared to local, and
 - Why, specifically, they travel so far to see him?
- Can the practitioner provide a blank copy of an agreement which they enter into with a patient, specifying the course of treatment, the patient rights and responsibilities, and reasons for termination of treatment?
- Does the practitioner conduct random unannounced drug testing?
- What measures does the practitioner employ and/or monitor to prevent addiction and diversion of controlled substances?
- Are there more than one practitioner dispensing controlled substances from the registered location?
- Do you order for just yourself or for the whole clinic?
- What controlled substances are you currently dispensing? (If only one or two controlled substances are being ordered, have the practitioner fully explain why he administers or dispenses only these specific controlled substances).
- In what dosage levels is the practitioner dispensing (2 tablets, 4 times a day, for 30 days, or 90, 120, 240 a week, month).
- Does the practitioner prescribe as well as dispense to his patients?
- Does the practitioner prescribe the same controlled substances as were dispensed to the patient?
- How many patients is the practitioner presently treating (day, week, and month)?

Should you have any additional questions, concerns, or issues beyond what has been presented; it is strongly recommended you contact your local DEA Office.